ATTORNEY OR PARTY WITHOUT ATTORNEY (Name,	For Court Use Only				
TELEPHONE NO.:	FAX NO. (Optional):				
E-MAIL ADDRESS					
ATTORNEY FOR (Name):					
SUPERIOR COURT OF CALIFORM					
UKIAH Courthouse	TEN MILE Branch Court				
100 North State Street	700 South Franklin Street				
Ukiah, CA 95482	Fort Bragg, CA 95437				
CASE NAME:		CASE NUMBER:			
ELECTRONIC RECORDING REQUEST					

Please complete this form in its entirety to request an audio copy of an electronic recording of a court proceeding. A copy of the court minutes MUST be attached to this request form. The required fee must be paid <u>at the time the recording is requested.</u>

Requests will be completed within three (3) business days. The audio file will be placed on a USB drive and available for pick up in Court Administration once you are notified of completion. Please note if you would prefer to have the USB drive mailed. A transcript will not be prepared by the court.

REQUESTOR'S INFORMATION									
Requestor	's Name	e:					Today's Da	ate:	
Requestor's Agency/Law Firm:									
Requestor's Address:									
Phone:	Phone:			Alt. Phone:		Fax:			
E-mail Address:									

ELECTRONIC RECORDING INFORMATION							
Case Name:		VS.					
Case Number:	r:						
Hearing Date:		Time:					
Type of Proceeding:							
Judge's Name:		Department:					

Please complete this form and submit, with the required fee, in person at the Clerk's Office or via mail to:

Superior Court of California, County of Mendocino 100 N. State St., Room 107 Ukiah, CA 95482