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|--|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar Number and Address)</i>         |   | <i>For Court Use Only</i> |
| TELEPHONE NO.:   | FAX NO. <i>(Optional)</i> :   |                           |
| E-MAIL ADDRESS   |   |                           |
| ATTORNEY FOR <i>(Name)</i> :   |   |                           |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO</b>                               |   |                           |
| <input type="checkbox"/> UKIAH Courthouse<br>100 North State Street<br>Ukiah, CA 95482 | <input type="checkbox"/> TEN MILE Branch Court<br>700 South Franklin Street<br>Fort Bragg, CA |                           |
| CASE NAME:   |   | CASE NUMBER:              |
| <b>REQUEST FOR COURT REPORTER</b>  |   |                           |

Date of Hearing: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Pursuant to local rule 1.16(a) and California Rules of Court rule 2.956(b)(3), an Official Court Reporter is hereby requested for the above-referenced proceeding.

Pursuant to local rule 1.16(b), I understand that it will be my responsibility to provide and to pay for the services of a private court reporter at this proceeding if the services of an official court reporter are not available. In the event a court reporter is not available, pursuant to local rule 1.16(b), I further understand that I may request a continuance of the hearing or waive the request for court reporter.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature