

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

<b><u>REQUESTOR'S INFORMATION</u></b>			
Requestor's Name:		Today's Date:	
Requestor's Agency/Law Firm:			
Requestor's Address:			
Phone:		Alt. Phone:	
		Fax:	
E-mail Address:			

<b><u>ELECTRONIC RECORDING INFORMATION</u></b>			
Case Name:		vs.	
Case Number:			
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.  
 Ukiah, CA 95482