ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Stat	e Bar number, and address)	FOR COURT USE ONLY
TELEPHONE NO: E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)	FAX NO. (Optional)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA 1515 COURT STREET REDDING, CALIFORNIA, 96001		
CASE NAME:		
Plaintiff/Petitioner:		
Defendant/Respondent:		
REQUEST FOR RECORD S	EARCH AND COPIES	CASE NUMBER:

Please complete the information below to request a record search or copies of court records. Complete one form for each search requested. You will be required to pay the fees assessed in advance of the records being provided to you

NOTE: Certain cases are confidential. You must be a party to the case and submit together with notarized signature(s) or have a court order to obtain copies.

Names to be searched:

Please indicate the First, Middle and Last names of all parties to the case.

First	Middle		Last		
First	Middle		Last		
If the case number is unknown, provide approximate case filing time period (Years to be searched) From:To:					
Document(s) Requested (Please be as sp	ecific as possible)	Certific	ation Requested	Filing Date	

Record Search Fee: (Any search that takes longer than 10 minutes)	\$15.00
Copy Fee:	\$ 0.50 per page
Certification Fee associated with Dissolution, Legal Separation or Nullity	\$15.00 per document plus \$0.50 per page
Certification Fee for all other documents:	\$40.00 per document plus \$0.50 per page

Make payment payable to: Shasta County Superior Court. Mail the form to: 1500 Court Street, Room 319, Redding, CA 96001. You may also appear in person between the hours of 8:30 a.m. and 4:00 p.m.

All requests by mail must include a self-addressed stamped envelope large enough and with sufficient postage to return the documents to you.

You may issue a check made payable to Shasta County Court, not to exceed a certain amount, such as \$50.00.

Shasta County Superior Court fee schedule is available at: www.shasta.courts.ca.gov