ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
EMAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIE CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN D EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 CASE NAME	GO, CA 92101 CA 92101
REQUEST AND ORDER FOR TRANSCRIPT	CASE NUMBER
Court Reporter(s):	Dept. #:
Type of Proceeding: [Date(s) of Proceeding:
.,,pg	
Transcript Requested by:	AGENCY .
the Superior Court.	AGENCI
_ ·	the case is:
(JUVENILE COURT ONLY): Requesting party's relationship to	(Attorney, Parents, etc.)
Reason for Request:	
☐ Future court appearance, if any (list date):	
Special Instructions:	
Dato	
Date:	
	Signature of Requesting Party
_	
	le by the requesting party/agency.
<u> </u>	le by the Superior Court.
IT IS SO ORDERED.	
Date:	
	Judge/Commissioner of the Superior Court

Instructions:

- The requesting party is responsible for completing this form. For all Juvenile Court transcripts, and for requests that the court pay the cost of a transcript, the requesting party must submit the form to the judge for signature.
- This form is required for the production of transcripts where the cost is a proper charge against the court, <u>except</u> for appeals and Grand Jury transcripts.
- A copy of this form must accompany the court reporter's claim for payment for production of the above-listed transcript.

DISTRIBUTION: ORIGINAL - CASE FILE; GREEN - CLAIMS PROCESSOR; CANARY - SUPERVISING REPORTER; PINK - REPORTER; GOLDENROD - REQUESTING PARTY.