REQUESTING DARTY (Name and Addre	nee)				
REQUESTING PARTY (Name and Addre	·>> <i>)</i>				
TELEPHONE NO:	FAX NO. (Optional):				
E-MAIL ADDRESS :	i AX NO. (Optional).				
SUPERIOR COURT OF CAL	IFORNIA, COUNTY OF ORA	NGE			
JUSTICE CENTER:					
Central - 700 Civic Center Dr					
Harbor - 4601 Jamboree Roa					
Lamoreaux - 341 The City Dr	CASE OR	CITATION NU	JMBER:		
North - 1275 N. Berkeley Ave	(II KNOWN	')			
West - 8141 13 th Street, West	VOR CODIES				
INSTRUCTIONS: Please complete the	UEST FOR RECORDS S				
necessary fees in advance of the rec you must be a party to the case ar records are not available by mail. documents. If a self-addressed, stam the check or posting fees to your cred	nd have valid photo identification, Please include a self-addressed, ped envelope with sufficient postag lit card.	or have a court o stamped envelop ge is not provided t	rder, to obtain copie le large enough to he court will include	es of document accommodate	ts. Juvenile the requeste
_	PLEASE COMPLETE ALL	KNOWN INFOR	RMATION		
I am requesting \(\square\) a records s	earch copies of court	records			
Name(s) to be searched:		(1.407)			
	(FIRST)	(MIDDLI	=)	(LAST)
Also Known As (AKA):	(FIDOT)	(MIDDL)		(1.4.07	
	(FIRST)	(MIDDLI	=)	(LAST)
Date of Birth:	Driver's License/ID	#			
Business Name to be searched					
Case Type:	☐ Limited Civil ☐ Small Cla	ims 🗌 Family	Law 🗌 Probate	☐ Crimina	I ☐ Traffic
Date/Year case started: Date/Year case en					
I am looking for:	ire case	ts listed below			
Document(s) Requeste	ed (please be as specific as p	be as specific as possible)		Certify Y/N	Exemplify Y/N
				1	1

REQUESTING PARTY:			CASE OR CITATION NUMBER: (IF KNOWN)			
In accordance with Covernment Co	do soctions 70	226 70627 70628 7	0674 and rule	e 10.815 fees are required as follows:		
				·		
Records Search Fee: \$15.00 per name searched Certification Fee: \$40.00 per document			Exemplification Fee: \$50.00 per exemplification Copy Fees: \$0.50 per page			
Certified Divorce Decree: \$15	.00 per decree		Applicable	e postage		
	, if the amoun	t is unknown, shou		check can be submitted with your copy e amount the check cannot exceed. All		
To pay by credit card, please com	plete the follow	ving:				
I hereby authorize the Superior Co exceed \$	ourt of Orange	County to charge my	/ credit card a	account. Credit Card charges should not		
Cardholder Name:		_				
☐ Visa ☐ MasterCard ☐ Discover ☐ America			an Express Diner's Club			
Card #:		Ex	xpiration Date:			
				(MM/YYYY)		
Date: Cardhold	or o orginataro					
		FOR COURT USE	ONLY			
<u></u>	_			s Warehouse 🗌 Voyager 🔲 Odyssey		
Other:						
Processed by:						
Records Search Fee:	\$15.00	x	= \$x	Total		
Copy Fee:	\$ 0.50		= \$x	Total		
Certification Fee:	\$40.00		= \$x	Total		
Certified Divorce Decree:	\$15.00		= \$	Total		
Exemplification Fee:	\$50.00	X	= \$	Total		
		Postag	je: =\$			
			\$	Total Fee Due		
			\$	Total Fees Paid		
Receipt Number:						
☐ Check/Money Order						
☐ Credit Card						
☐ Fee Waiver (filed and appro	ved)					