

SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address): TELEPHONE NO.: FAX NO.: EMAIL ADDRESS:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER <input type="checkbox"/> 10820 Justice Center Drive P.O. Box 619072 Roseville, CA 95661-9072 <input type="checkbox"/> 2501 N. Lake Blvd. P.O. Box 5669 Tahoe City, CA 96145	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
REQUEST FOR COURT REPORTER	CASE NUMBER:

TO THE CLERK OF THE COURT:

I request that a court reporter be provided for my hearing on:

Date: _____

Time: _____

Department: _____

Estimated Length of Hearing: _____

I have a valid fee waiver dated: _____.

DATE: _____

Signed: _____
 Plaintiff/Petitioner Defendant/Respondent