



**SUPERIOR COURT OF CALIFORNIA,
COUNTY OF PLACER
Request for Copy of Audio Recording
of Court Proceedings**

INSTRUCTIONS: Complete ALL fields below and return your completed form to the Placer Superior Court at P.O. Box 619072, Roseville, CA 95661 OR in person at any court location. ALL fields are required. Incomplete forms will be returned and will not be processed. Completed forms will be processed within 14 days of receipt.

Date of Request: _____

Requestor's Name: _____ Requestor's Phone #: _____

Requestor's Mailing Address: _____

Case Name: _____ Case #: _____

Appearance Date: _____ Department #: _____

Approximate Time Case Was Called: _____

I will pick up the DVD.

Please mail the DVD.

Note: A self-addressed, stamped envelope must be provided.

Verification is required to proceed.

FOR COURT USE ONLY – VERIFICATION

APPROVED* NOT AVAILABLE – AUDIO DOES NOT EXIST

Note: _____

*If verification is approved, a fee will be charged for a copy of the recording. Please refer to [Placer County Local Rule 10.18](http://www.placer.courts.ca.gov).

Acknowledgment of Fee Paid

Fee Received By: _____ Date: _____

Acknowledgment of Receipt of Recording

Recording mailed to Requestor on: _____

Recording picked up by Requestor on: _____