



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO**
Gordon D. Schaber Courthouse
720 9th Street, Room 101
Sacramento, CA 95814

**Electronic Recording (Audio CD) Request Form
Departments 2, 3, 4, 5, 17 and 84**

Requestor Information

Name _____ Date _____
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Electronic Recording (Audio CD) Information

Department _____ Case Number _____
Case Name / Defendant Name _____
Proceeding Date _____ Proceeding Time _____
Judge's Name (if known) _____
Authorized By (Required by County Agencies) _____

Make check payable to Sacramento Superior Court for \$12.50. **DO NOT SEND CASH.** Mail this form and check to:

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Attention: ER Request (Audio CD)
Sacramento, CA 95814