



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

**Electronic Recording (Audio CD) Request Form  
Departments 1, 2, 3, 4, 17 and 84**

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**Requestor Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

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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) \_\_\_\_\_

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

Sacramento Superior Court  
720 9<sup>th</sup> Street Room 101  
Attention: ER Request (Audio CD)  
Sacramento, CA 95814