



Superior Court of California, County of Sacramento

Criminal Records Unit

720 9th Street, Room 101, Sacramento, CA 95814-1302

Telephone (916) 874 – 5664, (916) 874 – 8881, www.saccourt.ca.gov

Local Criminal Records Copy Request

Date of Request: _____

Requestor Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Email: _____

I request copies of the following:

Case Number(s): _____

Defendant Name(s): _____

OR All records found in Local Criminal Records Multiple Name Search (Form CR 278A-1)

Copy Fees:	Non-Certified (Plain)	\$0.50 per page
	Certified	\$40.00 per case plus \$0.50 per page

- Copy type requested: Non-Certified (Plain) Certified
- Document type requested: Complaint Information Verdict
- Disposition Judgment and Sentencing Abstract of Judgment
- Probation Orders Minute Orders
- Other: _____

Instructions:

Complete and mail this form along payment to the address listed at the top of this notice. Be sure to include the following:

- **For non-certified copies**, include a credit card authorization (CR-500B), money order, or check with text "NOT TO EXCEED \$35.00" noted in the memo field, which will cover the initial cost of the copies per case.
- **For certified copies**, include a credit card authorization (CR-500B), money order, or check with text "NOT TO EXCEED \$50.00" noted in the memo field which will cover the initial cost of the copies per case.
- **Do not send cash.**
- A self-addressed stamped envelope of sufficient size to contain the copies that will be returned to you.
- Complete the below credit card authorization for copy requests submitted with Local Criminal Records Multiple Name Search (CR 278A-1) **ONLY**.

Credit Card Authorization

- Visa MasterCard

Name on Card: _____

Billing Address: _____

Billing City: _____ State: _____ Zip Code: _____

Telephone: _____ Alt. Telephone: _____

Card Number: _____ Exp. Date: _____ CVV#: _____
(MM/YY) (3 digits on back of card)

I authorize the Superior Court of California, County of Sacramento to charge the amount of \$ _____ to the credit card number provided above.

Date: _____ Cardholder's Signature: _____