



Superior Court of California, County of Sacramento

720 Ninth Street Sacramento, CA 95814-1380

Government Agency Records Request & Billing Sheet

TODAY'S DATE _____ DATE RECORDS NEEDED BY: _____

REQUESTOR INFORMATION:	
Name:	Telephone No.:
Agency:	Billing Telephone No:
Address:	Billing Address:

REQUEST DETAILS:		
People v.	Case #:	
Crime(s):	Date of Conviction:	
Judgment & Sentence Date:	X Ref:	
Check one: <input type="checkbox"/> CERTIFIED <input type="checkbox"/> NON-CERTIFIED (If left unchecked, Certified is assumed)		
<input type="checkbox"/> Abstract of Judgment	<input type="checkbox"/> Complaint	<input type="checkbox"/> Completed Plea Form
<input type="checkbox"/> Information	<input type="checkbox"/> Minute Order of Plea	<input type="checkbox"/> Order of Probation
<input type="checkbox"/> Verdict Form(s)	<input type="checkbox"/> Other:	

TO BE COMPLETED BY COURT			
DESCRIPTION	QUANTITY	COST/EACH	AMOUNT
No. of Copies:		@ \$0.50 each	\$
No. of Certifications:		@ \$40.00 each	\$
No. of CDs/DVDs:		@ \$12.50 each	\$
Billing Total:			\$

COMPLETION INFORMATION:	
OCS Transaction #:	Date Completed:
Billing Completed By:	

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