CONFIDENTIAL

x		
CASE PARTICIPANT NAME:	BAR #:	FOR COURT USE ONLY
STREET ADDRESS:		
CITY/STATE/ZIP CODE:		
TELEPHONE NO .:		
E-MAIL ADDRESS (must be legible)		
SUPERIOR COURT OF CAL STREET ADDRESS:	IFORNIA, COUNTY OF SACRAMENTO 3341 Power Inn Road	
CITY AND ZIP CODE:	Sacramento, CA 95826	
BRANCH NAME:	William R. Ridgeway Family Relations Courthouse	
GUARDIANSHIP		
(Name):		
PROBATE CASE PARTICIPANT ENROLLMENT FORM		CASE NUMBER:

You may access documents using the court's eCourt Public Portal system. To obtain free access, an email address must be provided to the court. A separate form must be provided for each case for which free online access is being requested.

INSTRUCTIONS

To setup your account you must:

- Go to the eCourt Public Portal and create an account using the email address you are submitting to the court.
- File this form with the court. Participants requesting access to their case must submit a valid copy of their driver license or a state or federal issued photo identification card.
- A separate form must be filed for each of your Probate cases.
- Once the court has added your email address to the case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time a document is added to your case.

_____, request that the court add my email address to a Probate case.

I declare that my private email address is (must be legible):

(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3, and 8's)

I understand if I change my e-mail address I must file a new enrollment form with the court.

I acknowledge that confidential investigation and/or mediation reports contain private information that is not part of the public court file. I understand, I must <u>not</u> disclose any contents of the Report to anyone other than the parties to the case, the attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Reports.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Ι,

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)