



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SACRAMENTO**

CAROL MILLER JUSTICE CENTER  
301 Bicentennial Circle, Room 100  
Sacramento, CA 95826  
(916) 669-5712

*Reserved for Clerk's File Stamp*

NAME, ADDRESS, TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY

Case Number

**APPLICATION AND ORDER TO WITHDRAW EXHIBITS**

**APPLICATION**

Undersigned requests withdrawal of the exhibits listed below in this cause for the reason:

- That the case has been tried and completed; appeal will not be taken, and the withdrawal of the exhibits will not prejudice the parties.
- Please return all exhibits that I submitted at trial.
- Or, specify exhibit below :

EXHIBIT NO.

EXHIBIT DESCRIPTION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return Exhibits via U.S. Mail to: \_\_\_\_\_

I, \_\_\_\_\_ do hereby declare that I am  Plaintiff/Petitioner  Defendant/Respondent herein and is lawfully entitled to possession of exhibits.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

**ORDER**

Denied as to: \_\_\_\_\_

The court approves the request and the clerk of said court is hereby ordered to release exhibits.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Judge/Commissioner

**FOR COURT USE ONLY**

Application received on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Print Name

Signature