ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):			
	For more information visit:		
	warm of court and		
	www.sb-court.org		
TELEPHONE NUMBER:			
EMAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF/PETITIONER:			
DEFENDANT/RESPONDENT:			
COPY REQUEST FORM	CASE NUMBER:		
INSTRUCTIONS : Please complete the form to request copies of court records. Please include as much information as possible on the form to ensure we provide the correct documents requested. The cost of each copy is \$.50 per printed side in addition to mailing costs, certification fees and research fees, if applicable. For confidential cases, if submitting by mail or drop box, you must include a copy of the requestor's valid photo identification. DO NOT include Credit Card information on this request form.			

I am requesting (check	one):			
Copies (please spe	ecify):			
Certified Copies (p	lease specify):			
Exemplification Co	pies (please specify):			
Case Search - Nar	ne(s) to be searched:			
	(First)	(Middle)	(Last)	
	(FIISI)	(Middle)	(Lasi)	
	(First)	(Middle)	(Last)	
Business name to be searched:				
as follows:		7, 70020, 70074, and Rule of Court IN	J.o15 lees ale lequiled	
Records Search Fee:	\$15.00 (searches longer than 10 mi	nutes) Exemplification Fee:	\$50.00	
Copy Fee:	\$0.50 per page	Certified Divorce Decree:	\$15.00 per decree	
Certification Fee:	\$40.00 per document	Applicable Postage Fees		
 ☐ I have an active fee wa ☐ Government Agency e 	aiver on file (** Note : Postage and mail exempt from fees	ing fees are not covered)		

If submitting by mail or drop box, provide a self-addressed envelope with sufficient postage to mail your requested documents back to you.