

SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES	<i>Reserved for Clerk's File Stamp</i>
COURTHOUSE ADDRESS:	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
REQUEST FOR COPIES	CASE NUMBER:

I request copies of the following document(s):

DATE FILED	DOCUMENTS	# PGS.	# CERT	COPIES	TOTAL
	Register Page				
	Dissolution				
	Support Order				
	Complaint/Answer				
	Judgments				
	Dismissal				
	Will				
	Letters				
	Decree				
	Records Search				
	Minute Order				
	Order				
	Entire File				
	Other				
	TOTAL				

PAYMENT
☐ Payment Verification Imprint on Reverse
☐ Cash \$
☐ Check/MO # \$
☐ Credit Card \$
NO FEE
☐ Fee Waiver (Gov. Code § 68630) Date Fee Waiver Granted:
☐ Exempt (Gov. Code § 6103)
PARTY
☐ Plaintiff
☐ Defendant
☐ Other:
SPECIAL INSTRUCTIONS

REQUESTOR'S INFORMATION		
Printed Name:	Phone:	
Address:		
City:	State:	Zip Code:

Date of Request: _____ Signature: _____

Note: All requests must be claimed within 30 days of order unless otherwise specified.

To be completed by the clerk upon completion of work.

Pages copied: _____
 # Exemplifications: _____
 # Certifications: _____
 Other: _____
 Total Fees Waived: _____

Date Completed: _____

DAVID W. SLAYTON, Executive Officer/Clerk of Court

by: _____
 (Deputy Clerk)