

PRINT YOUR NAME, ADDRESS AND TELEPHONE PHONE NUMBER: 	<i>FOR COURT USE ONLY Receive Stamp Only</i>
SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
FAMILY LAW/CHILD SUPPORT COPY REQUEST FORM	CASE NUMBER: _____

INSTRUCTIONS: Please complete this form to obtain copies of court records. The cost of each copy is \$0.50 per printed side in addition to mailing costs, certification fees and research fees, if applicable. **For confidential cases**, excluding Adoption cases, **you must be a party to the case and a copy of valid photo identification must be provided with this request.** Copy requests can be submitted either by mail, by fax or drop box. If submitting by mail or drop box, provide a self-addressed stamped envelope with sufficient postage to mail your requested documents back to you. If a self-addressed envelope is not provided, the court will include postage fees with your form of payment when processing your request.
(Check one)

Copies (please specify): _____
 (Example: Minute order dated MM/DD/YY, Findings and Order after Hearing filed MM/DD/YY)

Certified Copies (please specify): _____
 (Example: Judgment filed on MM/DD/YY, Divorce Decree filed MM/DD/YY)

Family Law/Child Support Case Search - Name(s) to be searched:

(First)	(Middle)	(Last)
(First)	(Middle)	(Last)

Payment must be submitted at the time the copy request is made. Checks must be made payable to the Clerk of the Court for the amount of fees (if known) or indicate 'not to exceed' a specified dollar amount. If paying by credit card, please complete the information below:

Fees: Copy fee: \$0.50 per page
 Certified Judgment: \$15.00 + \$0.50 per page
 Certifications: \$40.00 per certification + \$0.50 per page

I have an active fee waiver on file
 (**Note: Postage and mailing fees are not covered, complete the Credit Card portion below)

Government Agency exempt from fees

Credit card payment: I authorize the above fees and any amount imposed by the card issuer or draft purchaser to be charged to the following account:

VISA MASTERCARD DISCOVER

Credit Card No: _____ Expiration date: ____ / ____ Billing Zip Code: _____

Date: _____

 (TYPE OR PRINT NAME OF CARDHOLDER)

 (SIGNATURE OF CARDHOLDER)