



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO**
Gordon D. Schaber Courthouse
720 9th Street, Room 101
Sacramento, CA 95814

Electronic Recording Transcript Request Form
Departments 16, 17, 24, 25, 26, 27, 39, 41, 42,
43, 44 and 45 Only

Requestor Information

Name _____ Date _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____
Law Firm (if applicable) _____

Proceeding Information

Department _____ Case Number _____
Case Name / Defendant Name _____
Proceeding Date _____ Proceeding Time _____
Judge's Name (if known) _____
Authorized By (Required by County Agencies) _____

Please Note: This request form is to be used for transcript requests for Departments 16, 17, 24, 25, 26, 27, 39, 41, 42, 43, 44 and 45 only. When you request an Electronic Recording transcript you will be contacted by a clerk regarding the estimated cost and the method of payment accepted. Please mail your request to:

Sacramento Superior Court
720 9th Street Room 101
Attention: ER Transcript Request
Sacramento, CA 95814