Superior Court of California, County of Sacramento

Criminal Records Unit
720 9th Street, Room 101, Sacramento, CA 95814-1302
Telephone (916) 874 – 5664, (916) 874 – 8881, www.saccourt.ca.gov

Local Criminal Records Name Search Request

I request the following search:

Requestor Name: _____

Requestor Address: _____

Requestor City, State, Zip _____

Name to be searched (exact spelling) _____

Date of birth to be searched _____

Other Identifiers to be searched:

Social Security Number: _____

California Driver's License: _____

Cross Reference (Xref) Number: _____

Record Search Fees allowed per Government Code 70627	Name Search only:	$15.00 per name
	Certified for each Name Search	$40.00 plus $15.00 fee per name

If you do not have a case number and would like to request a local criminal record name search for Sacramento County, complete this form and include applicable fees. Make checks payable to the Sacramento Superior Court. If you wish to pay by credit card, complete the information at the bottom of this form. **Do not send cash.**

The court provides local criminal records information on the exact information you provide. You must be specific as to name, including middle initial, date of birth, etc.

Case information is not available on purged/destroyed records.

The information returned will be for Sacramento County arrests only. The court does not have access to or provide information for other counties, the Federal Courts, or other states.

If Criminal record case(s) are found, you may request copies by completing the Local Criminal Records Copy Request form (CR- 278C).

All requests are processed in the order they are received. Responses will be returned to the mailing address you provided above. Mail your search request to the address listed at the top of this form.

Credit Card Authorization

☐ Visa ☐ MasterCard

Name on Card: _____

Billing Address: _____

Billing City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Alt. Telephone:** _____

Card Number: _____ **Exp. Date:** _____ (MM/YY) **CVV#:** _____ (3 digits on back of card)

I authorize the Superior Court of California, County of Sacramento to charge the amount of $ _____ **to the credit card number provided above.**

Date: _____ **Cardholder's Signature:** _____

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