

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 Copy Request

Requestor Nam	ne:			
Addres				
City, State, Zip Coo	de			
Telephon	ie:	Email:		
I request copies of the following:				
Case Number((s)			
Defendant Name((s)	Date of Birth:		
Copy Fee	es: Non-Certified (Plai	Non-Certified (Plain) \$0.50 per page		
	Certifie	ed \$40.00 per case plus \$0.50 per p	age	
Copy type requested:	Non-Certified (Pla	in) Certified		
Document type requested:	☐ Complaint	Information	☐ Verdict	
. equesteu.	Disposition	Judgment and Senter	cing Abstract of Judgment	
	Probation informa	ation Minute Orders		
	Other:			
Instructions:				
Complete and mail this form along nayment to the address listed at the top of this notice. Resure to include the following:				

Complete and mail this form along payment to the address listed at the top of this notice. Be sure to include the following:

- For non-certified copies, include a check, money order, or credit card authorization (CR-500B) with text "NOT TO EXCEED \$35.00" noted in the memo field, which will cover the initial cost of the copies per case.
- For certified copies, include a check, money order, or credit card authorization (CR-500B) with text "NOT TO EXCEED \$50.00" noted in the memo field field, which will cover the initial cost of the copies per case.
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- A self-addressed stamped envelope of sufficient size to contain the copies that will be returned to you.