



## Superior Court of California, County of Lassen

2610 Riverside Drive, Susanville, CA 96130

### RESEARCH AND COPY REQUEST FORM

#### REQUESTOR INFORMATION:

(Tell us how to contact you regarding your request)

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

#### SEARCH COURT RECORDS:

(Designate a type of case and provide as much information as you can)

**CRIMINAL**

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's License #: \_\_\_\_\_

AKA: \_\_\_\_\_

Years, violations, or other info: \_\_\_\_\_

**CIVIL**

Type of Case: \_\_\_\_\_ Approximate Date Filed: \_\_\_\_\_

*Divorce, Small Claims, etc.*

Plaintiff / Petitioner: \_\_\_\_\_

*Full Name*

**FAMILY**

Defendant / Respondent: \_\_\_\_\_

*Full Name*

#### COPY REQUEST:

(Designate what type of copies you need)

Case Name: \_\_\_\_\_

Case #: \_\_\_\_\_

CERTIFIED

NON-CERTIFIED

**CRIMINAL**

**CIVIL & FAMILY**

Entire File

Document: (select one)

Judgement / Dissolution

Minute Order dated:

Other:

Case History

Entire File

Decree

Sentencing Minutes

Most Recent Support /

Other:

Judgement

Custody Order

#### PAYMENT INFORMATION:

(Payment is required prior to delivery of documents)

Cash

Check # \_\_\_\_\_ attached

Credit Card – **complete page 3**

**DOCUMENT DELIVERY:**

*(Tell us how you want to receive your documents)*

**Pick up at:** Hall of Justice – 2610 Riverside Drive, Susanville, CA 96130

**Mail to:** \_\_\_\_\_

**\*Email to:** \_\_\_\_\_

*\*Certified Copies CANNOT be emailed.*

**INTERNAL USE ONLY**

<input type="checkbox"/> Research over 10 minutes (\$15.00 per search)	\$
<input type="checkbox"/> Certification Fee (\$40.00 per document + Copy Fees)	\$
<input type="checkbox"/> Photocopy or Email Fee (\$.50 per page)                                  Number of pages:	\$
<input type="checkbox"/> Comparison Certification Fee (\$1.00 per page + Certification Fee)    Number of pages:	\$
<input type="checkbox"/> Postage & Handling (Metered Rate)	\$
<input type="checkbox"/> Exemplified Copies (\$50.00 + Copy Fees)	\$
<input type="checkbox"/> Certified Copy of Dissolution (\$15.00 + Copy Fees)	\$
<b>TOTAL</b>	<b>\$</b>

<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Payment Processed on: _____ / _____ / _____	BY CLERK: _____
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**RECORDS SEARCH**

ELECTRONIC                       MICROFICHE                       PAPER CASE FILES

NOTES:

REQUEST COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**Superior Court of California, County of Lassen**  
2610 Riverside Drive, Susanville, CA 96130

**ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION**

Sign and complete this form to authorize the Superior Court of California, County of Lassen to make a one-time debit to your credit card as listed below.

By signing this form, you give the Court permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**\*This form may be used for copy and research requests and payment of filing fees in non-criminal cases. It will not be accepted for payment of criminal or traffic fines.**

**Please complete the information below:**

I \_\_\_\_\_ hereby authorize the Superior Court of California, County of Lassen to charge my  
*full name*

credit card in the amount of \_\_\_\_\_ on or after \_\_\_\_/\_\_\_\_/\_\_\_\_.  
*dollar amount or NTE amount* *date*

This payment is for \_\_\_\_\_  
*include case number and/or reason for payment*

Billing Address \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  Discover

Cardholder Name: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Number \_\_\_\_\_

I hereby authorize the Superior Court of California, County of Lassen to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the case and/or a service described above and only for the amount indicated above, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Authorization received over the telephone by \_\_\_\_\_, deputy clerk.