ATTORNEY OR PARTY WITHOUT AT	TORNEY (Name, State Bar number, and address):		
			or more information visit
		'	
			<u>www.sb-court.org</u>
TELEPHONE NUMBER:			
EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFOL STREET ADDRESS:	RNIA COUNTY OF SAN BERNARDINO		
MAILING ADDRESS:			
CITY AND ZIP CODE: BRANCH NAME:			
PLAINTIFF/PETITIONER:			
DEFENDANT/RESPONDENT:			
	COPY REQUEST FORM	CASE	NUMBER:
I am requesting (che Copies (please	d information on this request form.		
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·	Name(s) to be searched:		
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Business name to be	searched:		
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••	Criminal □Small Claims □Family Law □F		
the Court. IMPORTAL	st be submitted at the time the copy request is ma NT: Cash or Credit/Debit cards are for in-person	visits only.	payable to the Clerk of
In accordance with G as follows:	overnment Code sections 70626, 70627, 70628	3, 70674, and Rule of Cour	t 10.815 fees are required
Records Search Fee:	\$15.00 (searches longer than 10 minutes)	Exemplification Fee:	\$50.00
Copy Fee:	\$0.50 per page	Certified Divorce Decree:	\$15.00 per decree
Certification Fee:	\$40.00 per document	Applicable Postage Fees	
	fee waiver on file (**Note: Postage and mailing fency exempt from fees	ees are not covered)	

If submitting by mail or drop box, provide a self-addressed envelope with sufficient postage to mail your requested documents back to you.

Rev. 1.17.25 Optional Use