

**Superior Court of California
County of Amador**

500 Argonaut Lane
Jackson, CA 95642

REQUEST FOR RECORDS SEARCH AND COPIES

INSTRUCTIONS

Please complete the information below to request a record search and/or copies of court records. You will be required to pay fees in advance. You must be a party to a case and have valid photo identification, or have a court order, to obtain copies of confidential cases. Juvenile records are not available by mail.

REQUESTING PARTY CONTACT INFORMATION: NAME: _____ ADDRESS: _____ TELEPHONE NO: _____ E-MAIL ADDRESS** _____ Required for next date e-delivery)	DATE REQUEST RECEIVED <hr/> CITATION OR CASE NUMBER (if known)
<input type="checkbox"/> E-Delivery- If your request for copies is (10) pages or less, and the file is on-site, your copy request will be sent no later than noon, the next business day.	
<input type="checkbox"/> Pick-Up- Prefer to pick-up copies, please call when copies are ready.	
<input type="checkbox"/> U.S. Mail- Self-Addressed Stamped Envelope Provided By Party	

Requestor understands any funds received in excess of the actual cost of the job cost cannot be refunded.

I am requesting photocopies I am requesting a record(s) research

NAME OF PARTY TO SEARCH: _____

DOCUMENT(S) TO COPY: _____

DEFENDANT'S DATE OF BIRTH (*criminal/traffic cases only*): _____

Additional Searches

NAME/S TO SEARCH:	CASE NUMBER IF KNOWN:	DOCUMENTS TO COPY:

Records Search Fee (GC §70627) \$15.00 Certified Family Law Judgment (GC §70674) \$15.00
Copy Fees (per page/side) (GC §70627(a) 50¢ Certifying Family Law Judgments (GC §70674) \$10.00 (Public Agency)
Comparison of copy with original (GC §70627(b)) \$1.00 **For any other fees please go to:**
Certifying Fee per document (GC 70626(a)(4)) \$25.00 http://www.amadorcourt.org/feeSchedules/CivilFeeSchedule_010114.pdf

Checks are payable to the **Amador Superior Court**. If the amount owed is known, a check can be submitted with the dollar amount. If the amount is unknown, the check should indicate the amount the check cannot exceed. All checks must be preprinted with the marker's name and address.

CLERK TO COMPLETE:

Additional amount required to complete request \$ _____ No record found.

Clerk: _____ Date processed: _____