

<input type="checkbox"/> ATTORNEY: _____ Bar No.: _____ NAME AND MAILING ADDRESS OF REQUESTING PARTY: TELEPHONE NUMBER: _____	<i>FOR COURT USE ONLY</i> RECEIVED DATE: _____ CONNIE MAZZEI CLERK OF THE SUPERIOR COURT _____, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY <input type="checkbox"/> Salinas Division – 240 Church Street, Salinas, CA 93901 <input type="checkbox"/> King City Division – 250 Franciscan Way, King City, CA 93930 <input type="checkbox"/> Marina Division – 3180 Del Monte Boulevard, Marina, CA 93933 <input type="checkbox"/> Monterey Division – 1200 Aguajito Road, Monterey, CA 93940	
The People of the State of California vs. _____, Defendant	
REQUEST FOR COURT REPORTER’S TRANSCRIPT	CASE NUMBER: _____

TRANSCRIPT INFORMATION

Court Reporter’s Name: _____

Hearing Date of Proceeding: _____ Time: _____ A.M / P.M.

Type of Proceeding: _____

Judge’s Name: _____ Courtroom number: _____

*NOTE: Pursuant to Government Code Section 69954, all requests for court reporter transcripts must be presented to the court reporter. The court reporter will contact you regarding billing information and delivery arrangements. A delay in processing your request may occur if the required information is not received. Please allow a minimum of 2 to 4 weeks to receive a copy of the requested transcript(s).