

STANISLAUS COUNTY SUPERIOR COURT ELECTRONIC RECORDING CD ORDER FORM

Submit to: Appeals Division

In Person: 1100 I Street, Window #9, Modesto, CA By mail: PO Box 1098, Modesto, CA 95353-1098

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REQUESTED BY:		Phone:	
LAW FIRM NAME:			
ADDRESS:			
CITY/ZIP CODE:			
CASE NAME:			
CASE NUMBER:			
DEPT.:	JUDGE:		
HEARING TYPE:			
HEARING DATE(S):			
RUSH REQUEST:	□ NO □ YES	Need by (Date):	
recording number, the clerk may duplicate the recording for a fee. In order to ensure that your! request is processed timely, you must submit your written request at least two weeks prior to the desired completion date. * Small Claims: Electronic recordings of Small Claims proceedings are not available pursuant to! Government Code Section 69957(b). * Requests take 5-10 business days to process, depending on the order in which they are! received.			
	DATE	BY	
Order Received:			
CD Burned:			
Party Notified of Complete	tion:		
Party Received (CD Pick	up):	Signed:	
Mailed		Clerk Initials:	
Total Charges (Check/Ca	ash): \$	□ Paid □ Wai	ved / Exempt