

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>NAME AND ADDRESS</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>NAME</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PLAINTIFF:		
DEFENDANT:		
INMATE HEARING TRANSCRIPT REQUEST		CASE NUMBER:

I request a transcript of the above-entitled case be prepared.

Date of Proceedings _____

Heard Before Judge _____ Clerk _____

Reason for Request _____

Name of Person Making Request _____

Phone Number _____

The cost of preparing a transcript of the proceedings will be the responsibility of the requesting party, unless waived by a Judge as indicated below. If a fee waiver is denied, the reporter will be contacting you with a cost estimate and to make payment arrangements.

Your hearing transcript fee waiver request is **APPROVED** **DENIED.**
(Transcript to be prepared at Court's expense)

Dated: _____

Judge of the Superior Court

Clerk's Initials: _____ Reporter's Name: _____