

# SUPERIOR COURT OF CALIFORNIA – COUNTY OF MERCED

## Request for Copies of Electronic Recordings

Today's Date: _____	Case Name: _____
Courtroom: _____	Case Number: _____
Quantity of CD's: _____	
Date(s) of Hearing(s): _____	
Requested by: _____	Phone Number: (____) _____ - _____
Address: _____	
Street # & Name	City State Zip

You may include a prepaid self-addressed CD mailer with your request and the CD will be sent to you when completed.

Please allow 10 business days to process. The Court will notify you by phone when the request has been completed. If you have any questions, please call (209) 725-4101.

**Any CD not picked up within 6 weeks of notification will be destroyed.**

**The court is not responsible for lost, damaged, or stolen CD's.**

Cost:  \$20.00 per hearing for copies of Compact Discs (CD)  
 \$25.00 per hearing for copies of Compact Discs (CD) (mailing included in cost)

**FORMS MUST BE SUBMITTED IN THE APPLICABLE CLERK'S OFFICE AND FEES MUST BE PAID BEFORE YOUR REQUEST WILL BE PROCESSED.**

Make checks payable to Merced Superior Court.

(Clerk's Office Use Only)

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Division: \_\_\_\_\_

Number of hearings: \_\_\_\_\_ Total fee paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
(Receipt must be attached)

No fees due – Approved Fee Waiver of Additional Court Fees and Costs on file

Time sensitive: \_\_\_\_\_  
(Reason)

Mailer Provided

**Forward to: Administrative Assistant**

(Administration Assistant Use Only)

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Qty of CD's: \_\_\_\_\_ Completed: \_\_\_\_\_  
(Date)

Comments: \_\_\_\_\_

Date(s) Customer Notified: \_\_\_\_\_

Date Copy Destroyed: \_\_\_\_\_

(Acknowledgement of Receipt)

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

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