

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): ATTORNEY FOR (NAME):	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF: DEFENDANT:		
TAPE RECORDING REQUEST		CASE NUMBER:

- I request permission to listen to the tape recording of the above-entitled case.
- I request a copy of the tape recording of the above-entitled case.
- 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 _____

A cost of \$5.00 (or \$2.50 plus a blank new 90-minute tape) will be charged for a copy of the proceedings per tape. The cost of preparing a transcript of the proceedings will be the responsibility of the requesting party. Arrangements to hear tapes will depend on availability of a courtroom.

Your tape recording request is **APPROVED** **DISAPPROVED.**

Dated: _____

Judge of the Superior Court

Clerk's Initials _____

Tape Number _____