

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):  TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>THIS BOX FOR COURT USE ONLY</i>		
<p style="text-align: center;"><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 22%;"><input type="checkbox"/> <b>MARTINEZ</b> 725 Court Street Martinez, CA 94553</div> <div style="width: 22%;"><input type="checkbox"/> <b>MARTINEZ</b> 751 Pine Street Martinez, CA 94553</div> <div style="width: 22%;"><input type="checkbox"/> <b>PITTSBURG</b> 1000 Center Drive Pittsburg, CA 94565</div> <div style="width: 22%;"><input type="checkbox"/> <b>RICHMOND</b> 100 37<sup>th</sup> Street Richmond, CA 94805</div> </div>			
PLAINTIFF / PETITIONER:  DEFENDANT / RESPONDANT:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">TRIAL / HEARING DATE:</td> <td style="width: 40%; padding: 2px;">DEPT.</td> </tr> </table>	TRIAL / HEARING DATE:	DEPT.
TRIAL / HEARING DATE:	DEPT.		
<b>REQUEST FOR COURT REPORTING SERVICES BY A PARTY WITH FEE WAIVER</b>	CASE NUMBER: _____		

I, \_\_\_\_\_, a person who has received a fee waiver pursuant to Government Code § 68031 et seq. on \_\_\_\_\_, request an official court reporter to record a verbatim record of the proceedings at the trial or hearing set forth above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

This form must be filed at least 3 calendar days before the date set for the trial or hearing. Requests not filed at least 3 calendar days before the date set for the trial or hearing may not be honored. The clerk will notify the party as soon as possible if no official court reporter will be available. Final notice of the availability of a court reporter may not be known until the day of the trial or hearing.

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**REQUEST FOR COURT REPORTING SERVICES BY A PARTY WITH FEE WAIVER**