ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO .:	FOR COURT USE ONLY
ATTORNEY FOR (NAME):		
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	(Transcript to be prepared at Court's expense)	
Dated:	Judge of the S	uperior Court
Clerk's Initials:	Reporter's Name:	
Ontional Form		