Superior Court of California
County of Amador

500 Argonaut Lane
Jackson, CA 95642

REQUEST FOR RECORDS SEARCH AND COPIES

INSTRUCTIONS

Please complete the information below to request a record search and/or copies of court records. You will be required to pay fees in advance. You must be a party to a case and have valid photo identification, or have a court order, to obtain copies of confidential cases. Juvenile records are not available by mail.

REQUESTING PARTY CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

E-MAIL ADDRESS** _____
Required for next date e-delivery)

☐ **E-Delivery-** Request for copies is **(50)** pages or less, and the file is on-site. ***For requests over 50 Pages, E-Delivery is not available.***

☐ **Pick-Up-** Prefer to pick-up copies, please call when copies are ready.

☐ **U.S. Mail- Self-Addressed Stamped Envelope Provided By Party**

DATE REQUEST RECEIVED

CITATION OR CASE NUMBER
(if known)

Requestor understands any funds received in excess of the actual cost of the job cost cannot be refunded.

☐ I am requesting photocopies ☐ I am requesting a record(s) research

NAME OF PARTY TO SEARCH: _____

DOCUMENT(S) TO COPY: _____

DEFENDANT'S DATE OF BIRTH (***criminal/traffic cases only***): _____

Additional Searches (limited to 10)

NAME/S TO SEARCH:	CASE NUMBER IF KNOWN:	DOCUMENTS TO COPY:

Records Search Fee (GC §70627) $15.00
Copy Fees (per page/side) (GC §70627(a) 50¢
Comparison of copy with original (GC 70627(b)) $1.00
Certifying Fee per document (GC 70626(a)(4)) $40.00
Certified Family Law Judgment (GC §70674) $15.00
Certifying Family Law Judgments (GC §70674) $10.00 (Public Agency)
For any other fees please go to:
http://www.amadorcourt.org/feeSchedules/CivilFeeSchedule_010114.pdf

Checks are payable to the **Amador Superior Court**. If the amount owed is known, a check can be submitted with the dollar amount. If the amount is unknown, the check should indicate the amount the check cannot exceed. All checks must be preprinted with the marker's name and address.

CLERK TO COMPLETE:

☐ Additional amount required to complete request $ _____ ☐ No record found.

Clerk:_____ Date processed: _____