JUDICIAL ADMINISTRATIVE RECORD REQUEST
(CA Rules of Court 10.500)

INSTRUCTIONS

To request administrative records from the court, please complete and submit this form to the court by one of the following:

Email: admin-info@napa.courts.ca.gov
In Person or U.S. Mail: Superior Court of CA, County of Napa – Administration 825 Brown St., Napa, CA 94559
Fax: 707-299-1250

CONTACT INFORMATION AND REQUEST DETAILS

Name of Requestor: Daytime Phone Number:

Provide as much detail as possible about the records being requested *(attach any additional information as needed)*:

Time Period/Fiscal Year: Reason for Request:

COSTS

Record search requests may be subject to the following costs *(pursuant to CA Rules of Court, Rule 10.500)*:

- **Materials:** *Copies $0.10 per page and flash drives $7.00 ea.*
- **Advanced Payment:** *Required for mail delivery (materials and mailing costs) and/or for fees greater than $25.00*
- **Additional Costs:** *Any additional costs incurred by the courts will be itemized and charged to the requestor*

PAYMENT

Payments may be made in Cash, check, or credit card in person, or by completing the Credit Card Authorization below.
I hereby authorize the Superior Court of California, County of Napa to charge my Visa or MasterCard Card:

Card No: Expiration Date:

Cardholder's Name: Billing Address:

Mailing Address (if different than billing address)

Signature (authorization for payment) :_____

RECORD FORMAT AND DELIVERY METHOD

Please indicate how you would like to receive the requested records (select one):

Email   View Only (Call for appt to view at the Court 707-299-1110)

Paper Copies or   Flash Drive (indicate delivery method):   Pick-up in Person (Civil Division 825 Brown St. 1st Fl)

Mail Records to:

FOR USE BY COURT STAFF

CEO Review Required *(prior to providing to requestor)*:   Yes   No

SEARCH RESULTS: Records Found   Records Exempt from Disclosure   No Records Found

Comments:_____
_____

CEO Signature: _____   Date:_____

		Cost Information provided to requestor:
Copies		Method:_____Date:_____
Flash drive		By:_____
Mailing		
Other		
TOTAL:		