

**NAPA SUPERIOR COURT  
CRIMINAL RECORD AND FILES SEARCH REQUEST  
GC 70627(c) records or files**

The fee for a search of records or files conducted by a court employee that requires more than **10 minutes** is fifteen dollars (**\$15**) for each search.

- All requests received in the mail must be accompanied by a Visa or MasterCard
- All requests must include a self-addressed-stamped envelope.
- All copies are **\$.50** per page, pursuant to GC 70627(a)
- All certified copies are **\$40.00** pursuant to Section GC 70626(a)(4)

**Please provide as much information as you have in order to assist us with your search**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Enter name of person to be researched)

Driver's License Number \_\_\_\_\_

Case Number(s) \_\_\_\_\_

Violation(s) \_\_\_\_\_

Date of Violation(s) \_\_\_\_\_

**Information you are requesting**

Copies - Please specify which document(s) you are requesting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certified Copies

Sentencing Information

Copies for the Department of Immigration

Other \_\_\_\_\_

I hereby authorize Napa Superior Court to charge my  Visa or  MasterCard

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name (as it appears on card) \_\_\_\_\_

Cardholder's Address (billing address) \_\_\_\_\_

Mailing Address (if different than billing address) \_\_\_\_\_

Signature (Authorization for payment) \_\_\_\_\_

**Please provide** your **contact information** and **delivery type** of the researched material.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing address \_\_\_\_\_

Deliver researched material to me by way of:

I will pick up the material

Please mail material to my mailing address

Please fax the material to me Fax Number: \_\_\_\_\_

Files pulled for viewing will be held at the Criminal Division for **10 days** from notification. After 10 days, the files will be returned to archive and a new search will be required.