

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF IMPERIAL
650 WAKE AVENUE
EL CENTRO, CA. 92243**

Request for Copy of Electronic Recording
in a Misdemeanor/Infraction

Today's Date: _____ Case No: _____

Dept/Courtroom: _____ Case Name: _____

Date(s) of Hearing(s): _____

Requested By: _____ Phone Number: _____
(Full Name)

Address: _____

Verify this matter was recorded
Cost is \$15 per hearing for copies of compact discs
Fees must be paid upon approval
Make checks payable to Superior Court of California, County of Imperial

The Court will notify you by phone when the request has been completed.

Delivery Method

Mailed to you:
Provide prepaid self-
Addressed mailer

Pickup:
Superior Court of California
Criminal Department
650 Wake Avenue
El Centro, CA 92243

Any electronic copy not picked up within 6 weeks of notification of completion
will be destroyed.

(Clerk's Office Use Only)

DATE RECEIVED: _____ by: _____

Number of hearings: _____ Total fee paid: _____ Receipt # _____

Time sensitive reason _____

Mailer provided