



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF HUMBOLDT**

RESEARCH REQUEST

Date: _____

Case Name: _____

Case Number: _____ Provided YES NO

Requesting Party: _____ Phone number: _____

Email Address: _____ Requested Viewing Date: _____

COPY CERTIFY VIEW DATE OF JUDGMENT

Special Instructions: _____

Please note: The last volume ONLY of multiple-volume files will be provided unless otherwise specified.

CLERK: FILE FOUND NOT FOUND

File Ordered: _____
(Date)

File Delivered: _____
(Date)

Completed: _____
(Date)

| Request: | Quantity: | Fee: | Amount Due: |
|--|------------------|----------------|--------------------|
| <input type="checkbox"/> Research Fee | _____ | \$15 | \$ _____ |
| <input type="checkbox"/> Certification Fee | _____ | \$40/\$15 | \$ _____ |
| <input type="checkbox"/> Exemplification Fee | _____ | \$50 | \$ _____ |
| <input type="checkbox"/> Copy Fee: | _____ | \$.50 per page | \$ _____ |
| <input type="checkbox"/> Offsite Storage Fee: | _____ | \$4 per case | \$ _____ |
| <input type="checkbox"/> Misc/Other Fee: Description _____ | | \$ _____ | \$ _____ |

Total Payment Due: \$ _____

Please bring your copy of this request with you to view the file

825 5th St., Eureka, CA 95501
(707) 445-7256