

Superior Court of California, County of Humboldt

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar Number and address</i> )   TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT 825 5 <sup>TH</sup> STREET EUREKA, CA 95501	
PLAINTIFF(S)/PETITIONER(S): _____  DEFENDANT(S)/RESPONDENT(S): _____	CASE No.: _____
<b>STATEMENT REQUESTING PRESENCE OF A COURT REPORTER</b>	

This statement is made by or on behalf the following party/parties: \_\_\_\_\_  
 \_\_\_\_\_

I request that the Court provide an official court reporter at the proceeding identified below. I understand that requesting a court reporter is not the same as requesting a court reporter's transcript, and does not entitle me to transcripts.

Description of proceeding: \_\_\_\_\_  
 Courtroom/Department Number: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

I estimate that the proceeding will take:

- one hour or less.
- more than one hour.

Date	Name	Signature of Party or Attorney for Party
Date	Name	Signature of Party or Attorney for Party