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: _____

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_____

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

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CLERK: FILE ☐ FOUND ☐ NOT FOUND

☐ File Ordered: _____ (Date) ☐ File Delivered: _____ (Date)

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Request:	**Quantity:**	**Fee:**	**Amount Due:**
☐ Research Fee	_____	$15	$ _____
☐ Certification Fee	_____	$40/$15	$ _____
☐ Exemplification Fee	_____	$50	$ _____
☐ Copy Fee:	_____	$.50 per page	$ _____
☐ Offsite Storage Fee:	_____	$6 per case	$ _____
☐ Misc/Other Fee: Description _____		$_____	$_____

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