

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ

SANTA CRUZ BRANCH
701 Ocean Street
Santa Cruz, CA 95060



WATSONVILLE BRANCH
1 Second Street
Watsonville, CA 95076

RESEARCH AND COPY REQUEST FORM

REQUESTOR INFORMATION:

(Tell us how to contact you regarding your request)

Name: _____

Phone No.: _____

Address: _____

Email: _____

SEARCH COURT RECORDS:

(Designate a type of case and provide as much information as you can)

CRIMINAL

Name: _____

First

Middle

Last

Date of Birth: _____ / _____ / _____ Driver's License #: _____

AKA: _____

Years, violation, or other info: _____

CIVIL

Plaintiff / Petitioner: _____

FAMILY

Defendant / Respondent: _____

Years to search: _____

COPY REQUEST:

(Designate what type of copies you need)

Case Name: _____

Case No : _____

CERTIFIED

NON-CERTIFIED

CRIMINAL

CIVIL & FAMILY

- Entire File
- Standard Packet (Complaint, Plea & Disposition)
- Other:

- Letter: (select one)
 - Case History
 - Conviction History
 - Paid in Full (Probation)
 - Arrest Disposition (must provide date of arrest).

- Judgment / Dissolution
- Minute Order dated:
- Entire File
- Decree
- Most Recent Support / Custody Order
- Other:

PAYMENT INFORMATION:

(Payment is required prior to delivery of documents)

Check # _____ attached

Credit Card – Complete page 3 (processing fee applies)

DOCUMENT DELIVERY

(Tell us how you want to receive your documents)

Pick up at: Santa Cruz Room 110 (Civil/Probate/Family ONLY) Santa Cruz Room 120 (Criminal ONLY)
 Watsonville Room 300 (Small Claims ONLY)

Mail to: _____

***Email to:** _____

***Certified Copies CANNOT be emailed.**

FOR INTERNAL USE ONLY

<input type="checkbox"/> Research over 10 minutes (\$15.00 per search)	\$
<input type="checkbox"/> Certification Fee (\$40.00 per document + Copy Fees)	\$
<input type="checkbox"/> Photocopy or Email Fee (\$.50 per page) Number of pages:	\$
<input type="checkbox"/> Comparison Certification Fee (\$1.00 per page + Certification Fee) Number of pages:	\$
<input type="checkbox"/> Postage & Handling	
1-15 pages \$1.52 16-30 pages \$1.92	
31-45 pages \$2.52 46-60 pages \$2.92	
61-75 pages \$3.32 76-90 pages \$5.05	\$
<input type="checkbox"/> Exemplified Copies (\$50.00 + Copy Fees)	\$
<input type="checkbox"/> Certified Copy of Dissolution (\$15.00 + Copy Fees)	\$
<input type="checkbox"/> Criminal Standard Packet (\$47.00) includes certification, copies and mailing	\$
TOTAL	\$

<input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Payment processed on: ____/____/____	BY CLERK: _____
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RECORDS SEARCH

COMPUTER MICROFICHE FELONY LEDGERS OLD COMPUTER

NOTES:

REQUEST COMPLETED BY: _____ DATE: _____

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RESEARCH AND COPY REQUEST ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize the Superior Court of Santa Cruz County to make a one-time debit to your credit card as listed below.

By signing this form, you give the Court permission to debit your account for the amount indicated on or after the indicated date plus a transaction processing fee (approx.1.99% subject to periodic rate change). This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

***This form may only be used for copy and research requests. It will not be accepted for payment of fees or fines.**

Please complete the information below:

I _____ hereby authorize the Superior Court of Santa Cruz County to charge my credit card
(full name)

account indicated below for _____ plus the court's transaction processing fee (approx. 1.99% subject to periodic
(dollar amount or NTE amount)

rate change) on or after _____.
(date)

This payment is for _____
(Include case number and/or reason for payment)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Cardholder Name	_____		
Credit Card Number	_____		
Expiration Date	_____		
CVV Number	_____		

I hereby authorize the Superior Court of Santa Cruz County to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the case and/or a service described above and only for the amount indicated above, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____ DATE _____

Authorization received over the telephone by _____, deputy clerk