

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CRUZ</b> <input type="checkbox"/> Santa Cruz Branch <input type="checkbox"/> Watsonville Branch 701 Ocean Street, Room 110            1 Second Street, Room 300 Santa Cruz, CA 95060                  Watsonville, CA 95076	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT:	
<b>APPLICATION AND ORDER AUTHORIZING          COST OF REPORTER'S TRANSCRIPTS FOR APPEAL</b>	CASE NUMBER:

FOR GOOD CAUSE as stated in the supporting declaration, I \_\_\_\_\_,  
 attorney for \_\_\_\_\_,  
 hereby apply for an Order Authorizing the Cost of Reporter's Transcripts to be included in the record on appeal.

DATED: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Attorney

**ORDER**

BASED ON THE SUPPORTING DECLARATION, AND FINDING GOOD CAUSE, THE COURT AUTHORIZES THE EXPENDITURE OF ACTUAL COSTS OF PREPARATION OF REPORTER'S TRANSCRIPTS OF THE FOLLOWING PROCEEDING(S):

- |                    |                                    |                                  |                                 |  |
|--------------------|------------------------------------|----------------------------------|---------------------------------|--|
| MOTION(S) _____    | DATE: _____                        | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
| _____              | DATE: _____                        | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
| TRIAL              | DATES: _____                       | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
|                    | _____                              | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
|                    | _____                              | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
| VOIR DIRE          | <input type="checkbox"/> REQUESTED | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
| OPENING STATEMENTS | <input type="checkbox"/> REQUESTED | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
| CLOSING STATEMENTS | <input type="checkbox"/> REQUESTED | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
| JURY INSTRUCTIONS  | <input type="checkbox"/> REQUESTED | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |
| OTHER _____        | DATE: _____                        | <input type="checkbox"/> GRANTED | <input type="checkbox"/> DENIED |  |

DATED \_\_\_\_\_  
 \_\_\_\_\_  
 JUDGE OF THE SUPERIOR COURT