

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

courtrecords@santacruzcourt.org

RESEARCH AND COPY REQUEST FORM

For Hearing/Trial Exhibits Do not use this form. Contact records at the email above

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)

<input type="checkbox"/> CRIMINAL	Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div> Date of Birth: ____ / ____ / ____ Driver's License #: _____ AKA: _____ Years, violation, or other info: _____
<input type="checkbox"/> CIVIL <input type="checkbox"/> FAMILY	Plaintiff/Petitioner: _____ Defendant/Respondent: _____ Years to search: _____

COPY REQUEST:

(Designate what type of copies you need)

Case Name: _____
 Case No : _____

CERTIFIED NON-CERTIFIED

CRIMINAL	CIVIL & FAMILY
<input type="checkbox"/> Entire File <input type="checkbox"/> Letter: (select one) * <input type="checkbox"/> Standard Packet (Complaint, Plea & Disposition) <input type="checkbox"/> Other: <div style="font-size: small; margin-top: 5px;"> <input type="checkbox"/> Case History <input type="checkbox"/> Conviction History <input type="checkbox"/> Paid in Full (Probation) <input type="checkbox"/> Arrest Disposition (must provide date of arrest) </div>	<input type="checkbox"/> Judgment / Dissolution <input type="checkbox"/> Minute Order dated: <input type="checkbox"/> Entire File <input type="checkbox"/> Decree <input type="checkbox"/> Most Recent Support / Custody Order <input type="checkbox"/> Other:

* Non-Certified Only

PAYMENT INFORMATION: (Payment is required prior to delivery of documents)	
<input type="checkbox"/> Check # _____ attached	<input type="checkbox"/> Credit Card – Complete page 3 (processing fee applies)
DOCUMENT DELIVERY (Tell us how you want to receive your documents)	
Pick up at: <input type="checkbox"/> Santa Cruz Room 110 (Civil/Probate/Family ONLY) <input type="checkbox"/> Santa Cruz Room 120 (Criminal ONLY) <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div style="display: flex; gap: 20px;"> <div style="display: flex; gap: 10px;"> 1-15 pages \$1.56 </div> <div style="display: flex; gap: 10px;"> 16-30 pages \$2.16 </div> </div> <div style="display: flex; gap: 20px;"> <div style="display: flex; gap: 10px;"> 31-45 pages \$2.56 </div> <div style="display: flex; gap: 10px;"> 46-60 pages \$3.16 </div> </div> <div style="display: flex; gap: 20px;"> <div style="display: flex; gap: 10px;"> 61-75 pages \$3.56 </div> <div style="display: flex; gap: 10px;"> 76-90 pages \$7.70 </div> </div> </div>	\$
<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: _____	

RECORDS SEARCH	
<input type="checkbox"/> COMPUTER	<input type="checkbox"/> DIGITAL REEL

NOTES:

REQUEST COMPLETED BY: _____	DATE: _____
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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 be used for copy and research requests and payment of filing fees in non-criminal cases. It will not be accepted for payment of criminal or traffic 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