ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(*Optional*): E-MAIL ADDRESS (*Optional*): ATTORNEY FOR (*Name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO STREET ADDRESS: ☐ **600 Union Avenue** ☐ **321 Tuolumne Street** MAILING ADDRESS: **P.O. Caller 5000** **Vallejo, CA 94590** CITY AND ZIP CODE: **Fairfield, CA 94533**	
PETITIONER/PLAINTIFF: **vs.** **RESPONDENT/DEFENDANT:**	
ORDER FOR TRANSCRIPT	CASE NUMBER:

THE COURT HEREBY ORDERS THAT A REPORTER'S TRANSCRIPT SHALL BE PREPARED FOR THE FOLLOWING TESTIMONY/DATES:

_____

☐ THE REQUESTED TRANSCRIPT SHALL BE AN OFFICIAL TRANSCRIPT WITH DISTRIBUTION AS FOLLOWS:

- ☐ Original for Court (*Original required to be ordered if transcript has not previously been transcribed.*)
- ☐ One copy for DA
- ☐ One copy for Defense Attorney
- ☐ One copy for: _____

☐ GOOD CAUSE IS FOUND FOR THE ABOVE TRANSCRIPTS TO BE ORDERED AT COUNTY EXPENSE. (*For use only in indigent/court-appointed counsel cases.*)

☐ A ROUGH TRANSCRIPT IS REQUESTED FOR JUDICIAL USE ONLY.

DATED:_____

_____
JUDGE/COMMISSIONER OF THE SUPERIOR COURT

COPY TO:

☐ Court Reporter _____

☐ Other _____