NAME AND MAILING ADDRESS OF REQUESTING PARTY: TELEPHONE NUMBER:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO ☐ Fairfield Division - 600 Union Ave., Suite 151, Fairfield, CA 94533 ☐ Vallejo Division - 321 Tuolumne Ave., Vallejo, CA 94590	DATE: _____ _____ Deputy Clerk
REQUEST FOR RECORD SEARCH AND COPIES	CASE NUMBER:

Please complete the information below to request a record search or copies of court records. You will be required to pay the fees assessed in advance for the records being provided to you.
Please complete all known information:

Name to be searched: _____Date of Birth: _____
First Middle Last

If case number is unknown provide approximate case filing time period:_____
(Years to be searched)

Criminal cases that occurred in Fairfield, Suisun City, Vacaville, Dixon, and Rio Vista have case numbers beginning with F, FC, or FCR.
Criminal cases that occurred in Benicia or Vallejo have case numbers beginning with V, VC, or VCR.

Document(s) Requested (Please be as specific as possible)	Certification Requested

Please provide a self-addressed stamped envelope

$15.00	Searching for each name, case number, records, or files for search longer than 10 minutes. GC 70627(c)
$ 0.50	Copy per page. GC 70627(c)
$ 1.00	Double-sided copy GC 70627(c)
$25.00	Certification of a copy of paper, record, or proceeding on file. GC 70626(a)(4)

The court accepts checks and money orders. Make payment payable to **Solano Superior Court, ATTN: Criminal Division,** to the appropriate court location as listed above. All checks must be pre-printed with account holder's name and address.

If you are unable to determine the amount due, submit a check payable to the Solano Superior Court with an amount stating *"Not to exceed $75.00"* on the memo line at bottom left. This is an estimated amount for the fees due. This payment will allow the Clerk to process your request and to apply the monies to the cost of the research and copy fees. The Clerk will write in the actual amount due on the check, not exceeding the authorized amount of $75.00, and mail a receipt to the requestor.

PLEASE DO NOT MAIL CASH.

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Record Search Fee:	$15.00 if search is over 10 minutes	Total	$_____
Copy Fee:	$ .50 x number of pages _____	Total	$_____
Certification Fee:	$ 25.00 x number of documents _____	Total	$_____

$_____ **TOTAL FEE DUE**
$_____ **TOTAL FEE PAID**

Form #4021