

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO STREET ADDRESS: <input type="checkbox"/> 600 Union Avenue <input type="checkbox"/> 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 _____

ORDER FOR TRANSCRIPT