



SUPERIOR COURT OF CALIFORNIA COUNTY OF SOLANO Attorney Case Access Request Form

Attorneys may submit this form to request access to specific case files electronically via electronic mail to attorneyaccessrequest@solano.courts.ca.gov. If the request is approved, an email that contains the case access token will be sent to the email provided on this form. One access token per case requested will be sent. In order to use this token to access the electronic case file, an account must be created on the Solano County Superior Court's public portal here: <https://portal.solano.courts.ca.gov> Account creation instructions are located on the Portal home page.

ATTORNEY INFORMATION

First Name:

Last Name:

State Bar ID:

I request the court to allow me to access case documents and receive communication about my case/s using the following email:

1. I declare that I am the attorney of record on the cases I am requesting access to. ****If court records do not reflect that you are the attorney of record, access will not be granted.***
2. I understand the email provided must be the same one used on pleadings filed in the case(s) below.
3. I understand that newly filed documents will only be available once an eFiled document is filed and/or paper documents are scanned by the court, not at the time of submission.
4. I understand that the court, at its discretion, may decide to terminate portal access for unacceptable uses outlined in the Public Portal [Terms of Use](#) posted on the Portal home page.
5. I understand that documents provided on the portal may be confidential to the parties involved in the case and all relevant rules to the transmission and sharing of these documents with third parties apply.
6. I have read the advisements of this form and on the Public Portal and I understand that the terms apply to me.
7. **Once you have requested case access you will receive an email with a set of instructions, please follow the links provided in that email. Please do not manually input token and case information in the Case Access screen of the portal.**

CASES I AM REQUESTING ACCESS TO:

(Maximum of 10 cases can be requested per submission. Please enter the case number with any dashes, if any,

e.g. FL24-000001)

Case Number(s)

1

2

3

4

5

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7

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PRINTED NAME:

DATE: