Print Form

COPY REQUESTS

In order to fill a copy request, please fill out this information sheet, include a check made out to "Clerk of the Court/Superior Court". (Indicate on the check "amount not to exceed $30.00".); then mail request, check and a self-addressed stamped envelope to:

Superior Court/Placer County
Family Law/Family Support Division
10820 Justice Center Drive Roseville, CA 95678

All requests are handled as quickly as possible. Please allow at least 3 (three) weeks. If this is an emergency situation that requires immediate attention, indicate on this form the nature of the urgency.

Please fill out an envelope with the information below so the copies can be mailed to you for an additional charge of one dollar.

If you prefer to pick the documents up, please complete the information below:

Name: _____

Address _____

Telephone Number: _____

File or copy requests must be clearly printed in the sections below:

DATE: _____

FULL NAME OF BOTH PARTIES:

_____

APPROXIMATE DATE CASE FILED: _____

CASE NUMBER: (if known):

NAME OF DOCUMENT/s NEEDED: _____

THE DATE THE DOCUMENT/CASE WAS FILED (or approximate time period):

_____

DO YOU NEED A (check one):

- ☐ COPY ONLY
- ☐ CERTIFIED COPY

ANY OTHER INFORMATION AVAILABLE:

(The more information you can provide will be greatly appreciated)
Staple blank check here.

For court use only: Processing Clerk: _____ Date processed: _____

Copies are located: _____