

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN FRANCISCO

850 Bryant Street, San Francisco, CA 94103
Phone: 415-551-0651 Website: www.sfsuperiorcourt.org



CRIMINAL RECORDS REQUEST FORM

1. CONTACT INFORMATION

Name: _____ Agency (if applicable): _____

Mailing Address: _____

Email: _____ Phone Number: _____

2. REQUEST INFORMATION Criminal - DOB: _____ Traffic - Driver's License #: _____

Defendant's Name: _____ Alias: _____

Case Number: _____ Citation Number: _____

Search Warrant Number: _____ Date of Arrest: _____

Additional Info: _____

3. DOCUMENT REQUESTED Certified Plain Copy

- | | |
|--|--|
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Disposition |
| <input type="checkbox"/> Commitment of Judgment | <input type="checkbox"/> Abstract of Judgment/Commitment |
| <input type="checkbox"/> INS/USCIS | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Audio Recording - Date: _____ Dept: _____ | <input type="checkbox"/> Court Minutes - Date: _____ Dept: _____ |

4. DELIVERY Call when available View Only *warehouse retrieval fee may apply Mail *must provide self-addressed stamped envelope

COURT USE ONLY

<table border="0"><tr><td><input type="checkbox"/> Search</td><td>\$15</td><td></td></tr><tr><td><input type="checkbox"/> Certification</td><td>\$40</td><td></td></tr><tr><td><input type="checkbox"/> Authentication</td><td>\$15</td><td></td></tr><tr><td><input type="checkbox"/> Copy Fee:</td><td>\$0.50 x _____ pages = \$_____</td><td></td></tr><tr><td><input type="checkbox"/> Compare</td><td>\$1.00 x _____ pages = \$_____</td><td></td></tr><tr><td><input type="checkbox"/> Audio Recording</td><td>\$25 x _____ cases = \$_____</td><td></td></tr><tr><td><input type="checkbox"/> Standard Warehouse Retrieval</td><td>\$6</td><td></td></tr><tr><td><input type="checkbox"/> Next Day Warehouse Retrieval</td><td>\$38</td><td>*must place order by 1PM</td></tr><tr><td><input type="checkbox"/> 2 Hour Rush Retrieval</td><td>\$56</td><td>*must place order by 9AM</td></tr><tr><td colspan="3">Grand Total \$ _____</td></tr><tr><td colspan="3">Prepaid Amount \$ _____</td></tr><tr><td colspan="3">BALANCE DUE \$ _____</td></tr></table>	<input type="checkbox"/> Search	\$15		<input type="checkbox"/> Certification	\$40		<input type="checkbox"/> Authentication	\$15		<input type="checkbox"/> Copy Fee:	\$0.50 x _____ pages = \$_____		<input type="checkbox"/> Compare	\$1.00 x _____ pages = \$_____		<input type="checkbox"/> Audio Recording	\$25 x _____ cases = \$_____		<input type="checkbox"/> Standard Warehouse Retrieval	\$6		<input type="checkbox"/> Next Day Warehouse Retrieval	\$38	*must place order by 1PM	<input type="checkbox"/> 2 Hour Rush Retrieval	\$56	*must place order by 9AM	Grand Total \$ _____			Prepaid Amount \$ _____			BALANCE DUE \$ _____			<p>Received By: _____</p> <p>Completed By: _____</p>
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CRIMINAL RECORDS REQUEST FORM

Criminal Requests	Traffic Requests
<p>San Francisco Superior Court 850 Bryant Street, Room 101 ATTN: Records Clerk San Francisco, CA 94103 Phone: 415-551-0651 Hours: Monday – Friday, 8:30 AM – 12:30 PM In Person Payment Accepted: Cash, Check, Visa, MC In Person Deposits: Cash, Check Mailed Payment Accepted: Check *Mailed request must also include self-addressed stamped envelope</p>	<p>San Francisco Superior Court 850 Bryant Street, Room 145 ATTN: Traffic Department San Francisco, CA 94103 Phone: 415-551-8550 Hours: Monday – Friday, 8:30 AM – 12:30 PM In Person Payment Accepted: Cash, Check, Visa, MC In Person Deposits: Cash, Check Mailed Payment Accepted: Check *Mailed request must also include self-addressed stamped envelope</p>

CHECK INSTRUCTIONS

- Make payable to “San Francisco Superior Court”
- Include “NOT TO EXCEED \$40” in memo line
- If request exceeds \$40, staff will contact requestor for additional payment.

Front of Check

Name _____ Address _____ City, State Zip Code _____ DATE 01/01/2020

PAY TO THE ORDER OF SAN FRANCISCO SUPERIOR COURT \$ _____

Bank Name _____ Bank Location _____

MEMO NOT TO EXCEED \$40

1025

OTHER IMPORTANT INFORMATION

- **Incomplete requests will not be processed.**
- Payment in full is due when requestor picks up records..
- If you do not have a case number, you must obtain a RAP sheet before submitting your Criminal records request. RAP sheets can be obtained through the San Francisco Police Department, Identification Bureau, Hall of Justice, Room 475.
- If you need a Court Reporter Transcript, please call (415)551-3778 or email transcriptrequests@sftc.org. You must include the date of the proceedings, the Department and the Court Reporter's name in your request.

GOVERNMENT AGENCIES

- Requests may be submitted via Fax (415)551-8085.
- Postage will be added for the return of copies or for the court’s written response to the request
- Once the request is complete, submit *Balance Due* to Superior Court Fiscal Office at 400 McAllister Street, Room 205, San Francisco, CA 94102