

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> STREET ADDRESS: 2215 BLUE GUM AVENUE MAILING ADDRESS: 2215 BLUE GUM AVENUE CITY AND ZIP CODE: MODESTO, CA 95358 BRANCH NAME: JUVENILE JUSTICE	
IN THE MATTER OF:	
<b>REQUEST AND ORDER FOR COURT REPORTER'S TRANSCRIPT IN JUVENILE COURT PROCEEDINGS</b>	CASE NUMBER:

Date(s) Requested	Reporter	Entire Transcript -or- Portion Requested

PURPOSE:

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I understand that I may be responsible for payment of transcript costs for non-indigent parties.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF REQUESTING PERSON)

**PLEASE NOTE:** If the request for transcript(s) is granted, the transcript is ordered prepared. The Petitioner must then submit a WIC § 827 Petition for Disclosure (JV-570 Packet). Please refer to the Court Website or Juvenile Clerk's Office for more information regarding a Juvenile Records Request.

1.  Transcript Request is hereby GRANTED
2.  Transcript Request is hereby DENIED

Date: \_\_\_\_\_



\_\_\_\_\_  
(JUDICIAL OFFICER)