ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	*THIS BOX FOR COURT USE ONLY*
TELEPHONE NO: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA ☐ **MARTINEZ** 725 Court Street Martinez, CA 94553 ☐ **MARTINEZ** 751 Pine Street Martinez, CA 94553 ☐ **PITTSBURG** 1000 Center Drive Pittsburg, CA 94565 ☐ **RICHMOND** 100 37th Street Richmond, CA 94805	
PLAINTIFF / PETITIONER: DEFENDANT / RESPONDANT:	TRIAL / HEARING DATE: DEPT.
REQUEST FOR COURT REPORTING SERVICES BY A PARTY WITH FEE WAIVER	CASE NUMBER:

I, _____, a person who has received a fee waiver pursuant to Government Code § 68031 et seq. on _____, request an official court reporter to record a verbatim record of the proceedings at the trial or hearing set forth above.

Date: _____ Signature: _____

This form must be filed at least 3 calendar days before the date set for the trial or hearing. Requests not filed at least 3 calendar days before the date set for the trial or hearing may not be honored. The clerk will notify the party as soon as possible if no official court reporter will be available. Final notice of the availability of a court reporter may not be known until the day of the trial or hearing.