

# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ

**SANTA CRUZ BRANCH**  
 701 Ocean Street  
 Santa Cruz, CA 95060



**WATSONVILLE BRANCH**  
 1 Second Street  
 Watsonville, CA 95076

## RESEARCH AND COPY REQUEST FORM

### REQUESTOR INFORMATION:

(Tell us how to contact you regarding your request)

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

### SEARCH COURT RECORDS:

(Designate a type of case and provide as much information as you can)

<input type="checkbox"/> <b>CRIMINAL</b>	Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> Date of Birth: ____/____/____      Driver's License #: _____ AKA: _____ Years, violation, or other info: _____
<input type="checkbox"/> <b>CIVIL</b>  <input type="checkbox"/> <b>FAMILY</b>	Plaintiff / Petitioner: _____ Defendant / Respondent: _____ Years to search: _____

### COPY REQUEST:

(Designate what type of copies you need)

Case Name: \_\_\_\_\_  
 Case No : \_\_\_\_\_

CERTIFIED       NON-CERTIFIED

#### CRIMINAL

- Entire File
- Standard Packet (Complaint, Plea & Disposition)
- Other:
- Letter: (select one)
  - Case History
  - Conviction History
  - Paid in Full (Probation)
  - Arrest Disposition (must provide date of arrest).

#### CIVIL & FAMILY

- Judgment / Dissolution
- Minute Order dated:
- Entire File
- Decree
- Most Recent Support / Custody Order
- Other:

### PAYMENT INFORMATION:

(Payment is required prior to delivery of documents)

Check # \_\_\_\_\_ attached       Credit Card – **Complete page 3** (processing fee applies)



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ

**SANTA CRUZ BRANCH**  
701 Ocean Street  
Santa Cruz, CA 95060



**WATSONVILLE BRANCH**  
1 Second Street  
Watsonville, CA 95076

## RESEARCH AND COPY REQUEST ONE-TIME CREDIT CARD PAYMENT AUTHORIZATION

Sign and complete this form to authorize the Superior Court of Santa Cruz County to make a one-time debit to your credit card as listed below.

By signing this form, you give the Court permission to debit your account for the amount indicated on or after the indicated date plus a transaction processing fee (approx.1.99% subject to periodic rate change). This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**\*This form may only be used for copy and research requests. It will not be accepted for payment of fees or fines.**

**Please complete the information below:**

I \_\_\_\_\_ hereby authorize the Superior Court of Santa Cruz County to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ plus the court's transaction processing fee (approx. 1.99% subject to periodic  
(dollar amount or NTE amount)

rate change) on or after \_\_\_\_\_.  
(date)

This payment is for \_\_\_\_\_  
(Include case number and/or reason for payment)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Credit Card Number	_____			
Expiration Date	_____			
CVV Number	_____			

I hereby authorize the Superior Court of Santa Cruz County to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the case and/or a service described above and only for the amount indicated above, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Authorization received over the telephone by \_\_\_\_\_, deputy clerk