		306	AD 004
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar numb	er, and address):	FOR CO	URT USE ONLY
NAME:			
ADDRESS:			
CITY, STATE, ZIP:			
TELEPHONE NO:			
FAX NO. (Optional):			
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA COUNTY	OF SANTA CRUZ		
Santa Cruz Branch 🛛 Watsonville I	Branch		
701 Ocean Street 1 Second Street	eet		
Santa Cruz, CA 95060 Watsonville,	CA 95076		
PLAINTIFF/PETITIONER:			
VS.			
DEFENDANT/RESPONDENT:			
		CASE NUMBER:	
REQUEST FOR COURT REPO	ORTER		
BY PARTY WITH FEE WAI	VER		
learing Type:	Date:	Time:	Dept:
,		a nerson y	who has received a
ee waiver pursuant to California Rules of Court	t, Rule 3.55, on		(date fee
vaiver granted), request an official court repor	ter to record a verb	atim record of the	proceedings at the
rial or hearing set forth.			

Date: _____

Signature

This form must be filed at least 10 calendar days before the date set for the trial or evidentiary hearing. The court, for good cause, may shorten or waive the 10-day requirement.

The clerk will notify the party as soon as possible if no official court reporter will be available. Given the general unavailability of official court reporters, final notice of the availability of a court reporter may not be known until the day of the trial or evidentiary hearing.

IMPORTANT: This does NOT waive the cost of a prepared transcript. Costs for transcripts are paid directly to the court reporter.