## Superior Court of California, County of Contra Costa

725 COURT STREET MARTINEZ, CA 94553 PITTSBURG 1000 CENTER DRIVE PITTSBURG, CA 94565 RICHMOND 100 37<sup>th</sup> STREET RICHMOND, CA 94805

## **CRIMINAL RECORDS COPIES REQUEST**

This form is used to request for copies of criminal records by mail and to pay by credit card. DO NOT PROVIDE CREDIT CARD INFORMATION BY E-MAIL, FACSIMILE, OR PHONE. You may submit a standalone completed form or attach a signed form with credit card information filled in to your request letter. Copies are \$.50 per page. If certification is requested, an additional fee of \$40.00 per document is required. There is also a service fee of 2.99% added to each docket number requested. The minimum service fee is \$1 per docket number requested. Include a self-addressed stamped envelope. A receipt will be returned to you with any requested copies.

This form is not required for payment by check. Include a self-addressed stamped envelope and a check with an appropriate do not exceed amount made payable to "Contra Costa Superior Court" with your request letter.

| Requestor's Name:  | _ Telephone Number:             |
|--|---------------------------------|
| Name to be searched:   | Docket No:                      |
| Date of Birth:Driver's License No:                                     | Type of copies:                 |
| Types of Records Requested:  |                                 |
| (For multiple requests, attach a list to this form with the identifyin | g information indicated above.) |
| Credit card payment information:                                       |                                 |
| Visa MasterCard Discover Card #  | CVV:Exp Date:                   |
| Cardholder's Name (as it appears on card):                             |                                 |
| Cardholder's Billing Address:  |                                 |
| Mailing Address (if different from billing address):                   |                                 |
| E-mail Address (optional for e-mail receipt):                          |                                 |
| I authorize Contra Costa Superior Court to charge my credit card       |                                 |
|  | XXXX-XXXX-XXXX-                 |
| Payment Authorization Signature Dat                                    | Last 4 digits of credit card    |
| COURT USE ONLY   |                                 |
| Copies Made No Copies Made Docket Number(s):                           |                                 |
| Amount Charged (exclude service fee):                                  | Date Charged:                   |