

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE: FAX NO. <i>(Optional):</i> ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE <input type="checkbox"/> Butte County Courthouse One Court Street, Oroville, CA 95965 (530) 532-7002	<input type="checkbox"/> North Butte County Courthouse 1775 Concord Avenue, Chico, CA 95928 (530) 532-7002
Case Name: _____	
Request for Court Reporter (Local Rule 1.8(c)(1))	CASE NUMBER: _____

1. Requestor Information:

- (a) Name: _____
- (b) Address: _____
- (c) Telephone: _____

2. Hearing Information:

- (a) Date(s) of hearing: _____
- (b) Time(s) of hearing: _____
- (c) Judicial Officer (if known): _____

3. Fee Waiver on File: Yes, Date Granted _____ NO*

*In accordance with GC68086(a)(1)(A) and CRC 2.956, notice is hereby given that whenever any party desires to have proceedings other than those set forth in GC70045.8 reported, such party shall pay for the services of the court reporter.

Requestor's Signature: _____ Date: _____