



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SUTTER**

**REQUEST FOR COURT RECORDS**

All Requests for Court Records are completed in the order received. Please wait to submit any payments until our office contacts you. Please provide a good contact number or e-mail so our office can contact you when your copies are ready. Our office will not automatically mail any copies upon completion. If the records are to be mailed back to you, please submit a self- addressed, stamped envelope to receive your documents.

- For Archive **cases dated prior to 1994** a search fee of **\$15 (GC 70627(c)) per name** will be charged for searches requiring more than 10 minutes of the clerk’s time. Any mailed checks will be returned to you in the event the search does not exceed 10 minutes.
- Copies are **\$.50 per page (GC 70627(a))**; standard certified copies are **\$40.00 fee (GC 70626 (a)(4))** in addition to cost of the per page copy fee. Certified copies of family law judgments are **\$15 (GC 70674(a))**. You may send a check in an amount of “not to exceed” what you estimate will be adequate to cover the costs and the clerk will insert the actual amount. Please write the “not to exceed” amount **under** the written amount line or in the memo.

**Requester Information**

Name of Requester: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_ Additional Telephone/Message Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Case Information – for Civil case please indicate both parties’ names (\*Required)**

\*Case Name: \_\_\_\_\_

\*Date of Birth (*Criminal or Traffic cases*): \_\_\_\_\_ \*Year(s) of case (*approximate*): \_\_\_\_\_

\*Case Number (*if known*): \_\_\_\_\_

*If you have any other information that would aid in the search, please provide that information to help reduce the time spent on the search.*

**\*Description of Document(s) Requested (\*Required)**

*Please be as specific as possible. If you need additional space, please write on the back.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Do you want these copies certified? (\*Required)**

Yes  No

**SUBMIT THIS FORM BY:**

**1) Mail:**  
Sutter Superior Court  
ATTN: Records  
1175 Civic Center Blvd.  
Yuba City, CA 95993

**2) Email:**  
[trafficdivision@suttercourts.com](mailto:trafficdivision@suttercourts.com)

**3) Fax:**  
(530) 822-3503

**4) Online:**  
[www.suttercourts.com](http://www.suttercourts.com)

**5) Counter or Lobby Drop Box**

**FOR COURT CLERK’S USE ONLY**

Date Processed: \_\_\_\_\_ Clerk: \_\_\_\_\_

Misc. Comments: \_\_\_\_\_