

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF EL DORADO**

[ ] PLACERVILLE BRANCH

[ ] SOUTH LAKE TAHOE BRANCH

**FAX REQUEST FOR CASE FILES  
LIMIT 10**

**Date Request Received:** \_\_\_\_\_

<b>CASE NAME</b>	<b>CASE NUMBER</b>	<b>DOB (if known)</b>	<b>DATE OF FILING</b>

\* DATE FOR ON-SITE REVIEW: \_\_\_\_\_  
(Please allow 15 days for retrieval of files)

CONTACT NAME: \_\_\_\_\_  
PHONE # WHERE YOU CAN BE REACHED: \_\_\_\_\_

General Information: The El Dorado County Superior Court will make every effort to retrieve the file(s) requested above and have file(s) available for your review on the date you indicate above (\*).

It is not necessary for you to call the office to check on your request for file(s). ***The Clerk's Office will call you only if we are unable to fulfill your request.***

**Please note that the file(s) shall be returned to their off-site location TWO WEEKS AFTER the date listed for your review.**

**THANK YOU FOR YOUR COOPERATION**

<p><i>For Court use only</i></p> <p><i>Date Request Received:</i> _____</p> <p><i>Date completed list/faxed to requester:</i> _____</p>
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