ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NAPA STREET ADDRESS: 825 Brown Street MAILING ADDRESS: 825 Brown Street CITY AND ZIP CODE: Napa, CA 94559	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
REQUEST FOR COURT REPORTER SERVICES	CASE NUMBER:

I request the services of an official court reporter for the proceeding currently scheduled for hearing as follows:

Hearing Date: _____ Hearing Time: _____

Hearing Judge: _____ Hearing Department: _____

There is a current Order on Court Fee Waiver (FW-003) on file in this case; it was filed on: _____.
Date

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed at _____, California.

Date: _____ _____
Requester's Signature