

# SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN FRANCISCO

850 Bryant Street Room 101, San Francisco, CA 94103  
Phone: 415-551-0651 Website: sf.courts.ca.gov



## CRIMINAL RECORDS REQUEST FORM

### 1. CONTACT INFORMATION

Name: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 2. REQUEST INFORMATION

Defendant's Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Case Number: \_\_\_\_\_ Citation Number: \_\_\_\_\_

Search Warrant Number: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

DOB: \_\_\_\_\_ Additional Info: \_\_\_\_\_

### 3. DOCUMENT REQUESTED Certified Copy Plain Copy

- Complaint  INS/USCIS
- Disposition  Audio Recording -Date: \_\_\_\_\_ Dept: \_\_\_\_\_
- Abstract of Judgment/Commitment  Court Minutes - Date: \_\_\_\_\_ Dept: \_\_\_\_\_
- Other: \_\_\_\_\_

### 4. DELIVERY (Check One)

- Call when available
- Mail \*must provide self-addressed stamped envelope

### 5. Request to View Docket in Person Only

- View Only \*warehouse retrieval fee may apply

### COURT USE ONLY

<table style="width: 100%;"><tr><td><input type="checkbox"/> Certification</td><td style="text-align: right;">\$40</td></tr><tr><td><input type="checkbox"/> Copy Fee:</td><td style="text-align: right;">\$0.50 x _____ pages = \$ _____</td></tr><tr><td><input type="checkbox"/> Audio Recording</td><td style="text-align: right;">\$25 x _____ cases = \$ _____</td></tr><tr><td><input type="checkbox"/> Standard Warehouse Retrieval</td><td style="text-align: right;">\$6</td></tr><tr><td><input type="checkbox"/> Searching Records or Files</td><td style="text-align: right;">\$15</td></tr><tr><td colspan="2" style="font-size: small;">(GC 70627 (c) – For each search longer than 10 minutes)</td></tr><tr><td style="text-align: right;">Grand Total \$</td><td>_____</td></tr><tr><td style="text-align: right; color: red;">Prepaid Amount \$</td><td>_____</td></tr><tr><td style="text-align: right; font-weight: bold;">BALANCE DUE \$</td><td>_____</td></tr></table>	<input type="checkbox"/> Certification	\$40	<input type="checkbox"/> Copy Fee:	\$0.50 x _____ pages = \$ _____	<input type="checkbox"/> Audio Recording	\$25 x _____ cases = \$ _____	<input type="checkbox"/> Standard Warehouse Retrieval	\$6	<input type="checkbox"/> Searching Records or Files	\$15	(GC 70627 (c) – For each search longer than 10 minutes)		Grand Total \$	_____	Prepaid Amount \$	_____	BALANCE DUE \$	_____	<p>Received By / Date: _____</p>  <p>Completed By / Date: _____</p>
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<b>Criminal Requests</b>	<b>Traffic Requests</b>

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Phone: 415-551-0651 Website: sf.courts.ca.gov



## CRIMINAL RECORDS REQUEST FORM

<p>San Francisco Superior Court 850 Bryant Street, Room 101 ATTN: Records Clerk San Francisco, CA 94103 Phone: 415-551-0651 Hours: Monday – Friday, 8:30 AM – 4:00 PM (Closed 12:00pm-1:00pm) In Person Payment Accepted: Cash, Check, Visa, MC In Person Deposits: Cash, Check Mailed Payment Accepted: Check *Mailed request must also include self-addressed stamped envelope</p>	<p>San Francisco Superior Court 850 Bryant Street, Room 145 ATTN: Traffic Department San Francisco, CA 94103 Phone: 415-551-8550 Hours: Monday – Friday, 8:30 AM – 4:00 PM (Closed 12:00pm-1:00pm) In Person Payment Accepted: Cash, Check, Visa, MC In Person Deposits: Cash, Check Mailed Payment Accepted: Check *Mailed request must also include self-addressed stamped envelope</p>
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### CHECK INSTRUCTIONS

- Make payable to “San Francisco Superior Court”
- Include “NOT TO EXCEED \$50” in memo line
- If request exceeds \$50, staff will contact requestor for additional payment.



### OTHER IMPORTANT INFORMATION

- **Incomplete requests will not be processed.**
- Payment in full is due when requestor picks up records..
- If you do not have a case number, you must obtain a RAP sheet before submitting your Criminal records request. RAP sheets can be obtained through the San Francisco Police Department, Identification Bureau, Hall of Justice, Room 475 415-553-1415.
- If you need a Court Reporter Transcript, please call (415) 551-3778 or email [transcriptrequests@sftc.org](mailto:transcriptrequests@sftc.org). You must include the date of the proceedings, the Department and the Court Reporter's name in your request.

### GOVERNMENT AGENCIES

- Requests may be submitted via Fax (415) 551-8085.
- Postage will be added for the return of copies or for the court's written response to the request.
- Records Request form with the balance due listed is the invoice to be paid.
- Submit *Balance Due* with invoice to the following:  
Superior Court Fiscal Office at  
400 McAllister Street, Room 205,  
San Francisco, CA 94102
- For any questions on payments please contact [AP@sftc.org](mailto:AP@sftc.org) or 415-551-5715.