Name, Address, Phone # & State Bar # of Attorney or Party without Attorney	FOR COURT USE ONLY
Attorney for:	
SUPERIOR COURT OF CALIFORNIA	
COUNTY OF YOLO	
1000 Main Street	
Woodland, CA 95695 (530) 406-6700	
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REQUEST FOR COPIES	
Date	
Requested by:	
Name: Phone	Number:
Address: City:	
State: Zip Co	ode:
Case Information – please include as much information as possible:	
Case Number: Case Title:	
T	
Type of Case: Civil Dissolution/Separation	_
Civil Dissolution/Separation Dissolution/Separation Family Support	
Probate Estate Conservatorship Guardianship	
Criminal Traffic Misdemeanor Felony	
Other	
Names of Parties Involved in Case:	
	
Date Case was Filed (or Approximate date)	
I need ☐ Copies ☐ Certified Copy of:	

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