

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

[] PLACERVILLE BRANCH

[] SOUTH LAKE TAHOE BRANCH

**FAX REQUEST FOR CASE FILES
LIMIT 10**

Date Request Received: _____

CASE NAME	CASE NUMBER	DOB (if known)	DATE OF FILING

* DATE FOR ON-SITE REVIEW: _____
(Please allow 2 weeks for retrieval of files)

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>
