ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO STREET ADDRESS: ☐ **600 Union Avenue** ☐ **321 Tuolumne Street** MAILING ADDRESS: **P.O. Caller 5000** **Vallejo, CA 94590** CITY AND ZIP CODE: **Fairfield, CA 94533**	
PETITIONER/PLAINTIFF: **vs.** **RESPONDENT/DEFENDANT:**	
REQUEST FOR TRANSCRIPT	CASE NUMBER:

REQUEST IS MADE FOR A REPORTER'S TRANSCRIPT TO BE PREPARED FOR THE FOLLOWING TESTIMONY/DATES:

_____

THE REQUESTED TRANSCRIPT SHALL BE AN OFFICIAL TRANSCRIPT WITH DISTRIBUTION AS FOLLOWS:

- ☐ Original for Court (*Original required to be requested if transcript has not previously been transcribed.*)
- ☐ One copy for DA
- ☐ One copy for Defense Attorney
- ☐ One copy for: _____

THE ATTORNEY/PARTY REQUESTING THE TRANSCRIPT(S) IDENTIFIED ABOVE IS RESPONSIBLE FOR THE COST OF THE ORIGINAL TRANSCRIPT(S) AND FOR ALL COPIES THE ATTORNEY/PARTY REQUESTS.

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