

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

LIBERTY RECORDING SYSTEM – DISC REQUEST FORM

Date of Request: _____

Date of Proceeding: _____ Time of Hearing: _____ Department Number: _____

Case Name: _____ Case Number: _____ Type of Proceeding: _____

Requestor's Name: _____

Requestor's Address: _____

Requestor's Phone Number: _____

Payment of \$10 "per case" received by court. Receipt Number: _____

Note

Requests for copies of a Jury Trial, fees will be \$10 per day based on degree of complexity.

In order to play the disc, you will need to download the Liberty Court Player to your computer. Instructions to do this will be included with the disc.

For government agencies only – To pay by credit card, please complete the information below.

Credit Card payment information:

Visa Mastercard

Card Number: _____ CVV: _____ Exp Date: _____

Cardholder's Name (as it appears on the card): _____

Cardholder's Billing Address: _____

Cardholder's Mailing Address (if different from Billing Address): _____

I hereby authorize Alameda County Superior Court to charge my credit card account.

Payment Authorization Signature

Date