

**Superior Court of California
County of Alameda**

REQUEST FOR AUDIO RECORDING OF COURT PROCEEDING

Use this form to submit requests for audio recordings of court proceedings.



[For detailed information on how to submit a request, follow this link:](#) →

REQUESTOR: COMPLETE 1 THROUGH 10

1. Date of Request: _____
 2. Date of Hearing: _____
 3. Time of Hearing: _____
 4. Department (Courtroom) Number: _____
 5. Type of Hearing: _____
 6. Case Number: _____
 7. Case Name: _____
 8. Requestor's Full Name: _____
 9. Requestor's Phone Number: _____
 10. Requestor's Email Address: _____
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CLERK'S OFFICE: COMPLETE 11 THROUGH 13

11. Receipt no. for \$25 required fee: _____
12. Self-Addressed, Stamped Envelope Provided: YES / NO
13. Request forwarded on (date) _____ to (name) _____