

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) <div style="text-align: center;">State Bar No.</div> <div style="display: flex; justify-content: space-between;"> TELEPHONE NO. FAX NO. (OPTIONAL) </div> <input type="checkbox"/> ATTORNEY FOR: <input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> SELF-REPRESENTED	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN 2610 Riverside Drive, Susanville, CA 96130	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
STATEMENT REQUESTING PRESENCE OF A COURT REPORTER	CASE NUMBER: _____

This statement is made by or on behalf of the following party/parties: _____

I request that the Court provide an official court reporter at the proceeding identified below. I understand that requesting a court reporter is not the same as requesting a court reporter's transcript, and does not entitle me to transcripts.

Description of Proceeding: _____

Courtroom/Department Number: _____ Date: _____ Time: _____

I estimate that the proceeding will take: One hour or less More than one hour

I have an approved fee waiver with the court in the above case number: Yes No

If you have an approved fee waiver with the court, have your financial circumstances changed since your fee waiver was approved?
 Yes No

If your financial circumstances have changed, explain: _____

I declare under penalty of perjury under the laws of the State of California that the above information and all attachments are true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE)