

Once this form is complete and signed,
please scan and e-mail it to the Odyssey
Help Desk at portal@fresno.courts.ca.gov

SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

ODYSSEY ACCESS REQUEST FORM / PAYMENT AUTHORIZATION AGREEMENT

Agency Name or Law Firm Name: _____ Payment Authorization Number: _____

(Obtained From Your Receipt)

	Request Type	First Name	Last Name	Email Address	Role
1.					
2.					
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By signing this agreement, I understand that my credit card will be charged an annual amount as set by the Court. I further understand that such fees are subject to change from year to year and that I will be charged at the then current rate for the same term until the Court is notified of my intent to discontinue access via this form (by marking "delete user"). The nonrefundable fee must be paid in advance. For this fee, the Court will provide me with specific elevated Odyssey Portal Access for one pre-paid term. I will only access Odyssey for work-related purposes and the Court may immediately suspend or terminate my access, in whole or in part, if I fail to pay or am in arrears for more than ten (10) days.

Agency Chief, Attorney, or Designee Name *(Print)*

Agency Chief, Attorney, or Designee Email Address

Date: _____

Agency Chief, Attorney, or Designee Signature

Phone Number to Verify