

# SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

## ODYSSEY ACCESS REQUEST

Agency Name/Court-Appointed Attorney Affiliation:

Justice Partner Request:

	Request Type	First Name	Last Name	Email Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

**Once this form is complete and signed, please scan and e-mail it to the Odyssey Help Desk at [portal@fresno.courts.ca.gov](mailto:portal@fresno.courts.ca.gov)**

\_\_\_\_\_  
Agency Chief or Designee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Agency Chief or Designee Name (Print)

\_\_\_\_\_  
Agency Chief or Designee Email Address

\_\_\_\_\_  
Phone Number to Verify