

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO Civil Limited Department, Central Division 1130 'O' Street Fresno, California 93721 (559) 457- 1900	
PLAINTIFF(S)/PETITIONER(S): _____ DEFENDANT(S)/RESPONDENT(S): _____	
REQUEST FOR PRESENCE OF A COURT REPORTER	CASE NUMBER: _____

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

I have an active fee waiver granted on _____ (Please attach a copy of the approved and filed fee waiver.)
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: _____ a.m.

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

Date Name Signature of Party or Attorney for Party

Date Name Signature of Party or Attorney for Party