

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF FRESNO  
Attorney Elevated Case Portal Access Request Form**

To obtain remote electronic access to specific case files, attorneys **must** submit this form to the applicable email address/es, as set forth below. If approved, a case access electronic "token" will be emailed to the email address provided. One access token will be provided per case. To use the token, you must create an account on the Fresno County Superior Court's public portal. Account creation instructions are located on the portal home page.

Non-criminal portal request - [noncriminalportalrequest@FRESNO.COURTS.CA.GOV](mailto:noncriminalportalrequest@FRESNO.COURTS.CA.GOV)

Criminal portal request - [criminalportalrequest@FRESNO.COURTS.CA.GOV](mailto:criminalportalrequest@FRESNO.COURTS.CA.GOV)

**ATTORNEY INFORMATION**

**First Name:**

\*

**Last Name:**

\*

**License number:**

\*

I request the court allow me to access case documents electronically and receive communication about my case/s using the following email:

Confirm Email:

**Attorney Portal Access Declaration**

1. I declare that I am the attorney of record in the case(s) for which I am requesting electronic access. ***I understand that if court records do not reflect that I am the attorney of record, electronic access will not be granted.***
2. I understand that the email address provided **must** match the email address used on the operative pleadings filed in the case(s) below, and that if it does not, electronic case access will not be provided.
3. I understand that newly filed documents, whether submitted via eFile, at the clerks office, or to a drop box, will become available after court staff has processed them, which may not be immediately after submission.
4. I understand that the court may, at its discretion, terminate portal access for unacceptable uses as outlined in the Public Portal Terms of Use posted on the portal home page.
5. I understand and acknowledge that documents provided through the portal may be confidential, and that all applicable rules regarding the transmission and sharing of such documents with third parties apply.
6. I understand that my access will be terminated if I substitute out of a case.
7. I understand that a new Portal Access Request Form must be submitted if I substitute into a case.
8. I acknowledge that I have read and understand the advisements contained in this form and on the public portal, and that these terms apply to me.

**Case Number(s):**

|    |                      |
|----|----------------------|
| 1  | <input type="text"/> |
| 2  | <input type="text"/> |
| 3  | <input type="text"/> |
| 4  | <input type="text"/> |
| 5  | <input type="text"/> |
| 6  | <input type="text"/> |
| 7  | <input type="text"/> |
| 8  | <input type="text"/> |
| 9  | <input type="text"/> |
| 10 | <input type="text"/> |

**Date:**

\*

**PRINTED NAME:**

**SIGNATURE:**

\*

**THIS IS AN ADMINISTRATIVE RECORD:  
THIS DOCUMENT DOES NOT BECOME PART OF THE OFFICIAL CASE FILE**