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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) TELEPHONE NO: FAX NO: E-MAIL ADDRESS (Optional): ATTORNEY FOR(Name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET/MAILING ADDRESS: 1215 TRUXTUN AVENUE CITY AND ZIP CODE: BAKERSFIELD, CA 93301 BRANCH NAME: METRO-JUSTICE BUILDING/PROBATE DIVISION | |
| CASE TITLE: | CASE NUMBER: |
| | HEARING DATE: |
| COURT REPORTER SERVICES REQUEST | TIME: DEPT.: |

1. I FILED FOR A WAIVER OF COURT FEES. THE STATUS OF MY REQUEST IS:

- THE COURT GRANTED MY REQUEST
- THE COURT SCHEDULED A HEARING ON MY REQUEST
- REQUEST PENDING

2. PETITIONER: _____

WILL THIS PERSON REQUEST A COURT REPORTER?

- YES
- NO

3. OBJECTOR/RESPONDENT: _____

WILL THIS PERSON REQUEST A COURT REPORTER?

- YES
- NO

DATE: _____

_____ SIGNATURE

| |
|--|
| <i>Court Use Only</i> Request transmitted ___/___/___ By _____ |
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