

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
IN THE MATTER OF <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> ESTATE <input type="checkbox"/> OTHER: _____	
REQUEST FOR COPIES (PROBATE)	CASE NUMBER _____

This form is only used to request copies of **non-confidential** documents. Fees will be charged in accordance with the court's Fee Schedule (SDSC Form #ADM-001). Please note that certified/exemplified copies carry additional fees. Also, to obtain a copy of a will/codicil, a certified or informational copy of the decedent's death certificate must be attached. *Note: Copies of deposited wills/codicils cannot be requested electronically.*

Requests Submitted via Mail or In Person: A check, money order, or Credit Card Payment (Confidential) (SDSC Form #ADM-253) must be submitted, along with a self-addressed stamped envelope (SASE) to return your copies. If the number of pages being requested is unknown, write *Not to exceed \$ _____* on the memo line of check or above the "Amount to be Charged" section of the Credit Card Payment (Confidential) (SDSC Form #ADM-253).

Requests Submitted Electronically: This form may be submitted electronically through one of the court's approved E-Filing service providers ("EFSP"), and fees will be charged to the credit card on file with the EFSP. Unless specified below, copies will be returned electronically through the EFSP, with the exception of exemplified copies, which will be returned by US Mail. An additional fee for an envelope and postage will be charged for copies returned by mail.

- Requesting party has an approved Order on Court Fee Waiver (JC Form #FW-003/FW-003-GC) on file.
- Requesting party is a government agency or court-appointed attorney and is exempt from fees.
- Requesting party would like printed copies returned via US Mail to the following address:

Name & Mailing address, if different than above,
for return of exemplified or printed copies:

Document(s) requested (additional pages may be attached, if needed):

Document Name	Date Filed	ROA #	Request to: <small>(Only one can be checked)</small>	
			Certify	Exemplify
1)			<input type="checkbox"/>	<input type="checkbox"/>
2)			<input type="checkbox"/>	<input type="checkbox"/>
3)			<input type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>
5)			<input type="checkbox"/>	<input type="checkbox"/>
6)			<input type="checkbox"/>	<input type="checkbox"/>
7)			<input type="checkbox"/>	<input type="checkbox"/>
8)			<input type="checkbox"/>	<input type="checkbox"/>
9)			<input type="checkbox"/>	<input type="checkbox"/>
10)			<input type="checkbox"/>	<input type="checkbox"/>