

**THE UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA**

**RECORDS REQUEST FORM - FEDERAL AGENCY ONLY**

**NOTE: ENTIRE FORM - Part One & Part Two  
MUST BE COMPLETED BY REQUESTOR.**

**PART ONE:**

Today's Date: \_\_\_\_\_

Type of Case: (Select one)  CV  CR  MAG  MISC.  MDL

Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_ vs. \_\_\_\_\_

Type of Request: (Select one)  Case File  Transcript  Entered Doc.  Docket Book

Volumes Requested: (Select one)  1<sup>st</sup> Volume  Current Volume  All Volumes

Document Number(s): \_\_\_\_\_

For Transcripts: Hearing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Entered Documents Only (Ent's): Ent. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Document # \_\_\_\_\_

REQUESTOR'S FULL NAME (please print clearly) \_\_\_\_\_ (\_\_\_\_\_) Telephone Number (Area code first) \_\_\_\_\_

Agency \_\_\_\_\_ Branch \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I.D.: \_\_\_\_\_

**PART TWO:**

Today's Date: \_\_\_\_\_

Type of Case: (Select one)  CV  CR  MAG.  MISC.  MDL

Type of Request: (Select one)  Case File  Transcript  Deposition  Docket Book

Case Number: \_\_\_\_\_

Charged Out To: \_\_\_\_\_  
Requestor's Full Name (Please print)

Volumes:

|     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  | 12  | 13  |
| 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  |
| 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  | 37  | 38  | 39  |
| 40  | 41  | 42  | 43  | 44  | 45  | 46  | 47  | 48  | 49  | 50  | 51  | 52  |
| 53  | 54  | 55  | 56  | 57  | 58  | 59  | 60  | 61  | 62  | 63  | 64  | 65  |
| 66  | 67  | 68  | 69  | 70  | 71  | 72  | 73  | 74  | 75  | 76  | 77  | 78  |
| 79  | 80  | 81  | 82  | 83  | 84  | 85  | 86  | 87  | 88  | 89  | 90  | 91  |
| 92  | 93  | 94  | 95  | 96  | 97  | 98  | 99  | 100 | 101 | 102 | 103 | 104 |
| 105 | 106 | 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 |
| 118 | 119 | 120 | 121 | 122 | 123 | 124 | 125 | 126 | 127 | 128 | 129 | 130 |
| 131 | 132 | 133 | 134 | 135 | 136 | 137 | 138 | 139 | 140 | 141 | 142 | 143 |
| 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 |
| 157 | 158 | 159 | 160 | 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 |
| 170 | 171 | 172 | 173 | 174 | 175 | 176 | 177 | 178 | 179 | 180 | 181 | 182 |
| 183 | 184 | 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 193 | 194 | 195 |
| 196 | 197 | 198 | 199 | 200 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 |

Other: \_\_\_\_\_

**ARCHIVE INFORMATION:** CASE # \_\_\_\_\_  
LOCATION # \_\_\_\_\_  
ACCESSION # \_\_\_\_\_  
BOX # \_\_\_\_\_

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**I certify I have read and understand this policy**

\_\_\_\_\_  
*Signature*