

# SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN FRANCISCO

850 Bryant Street Room 101, San Francisco, CA 94103  
Phone: 415-551-0651 Website: sf.courts.ca.gov



## CRIMINAL RECORDS REQUEST FORM

**(PLEASE SUBMIT ONE RECORDS REQUEST PER COURT NUMBER)**

### 1. CONTACT INFORMATION

Name: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Billing Email/Address (if applicable): \_\_\_\_\_

### 2. REQUEST INFORMATION

Defendant's Name: \_\_\_\_\_ Alias: \_\_\_\_\_

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

Search Warrant Number: \_\_\_\_\_ Date of Arrest: \_\_\_\_\_

DOB: \_\_\_\_\_ Additional Info: \_\_\_\_\_

### 3. DOCUMENT REQUESTED Certified Copy Plain Copy

Complaint

INS/USCIS

Disposition

Abstract of Judgment/Commitment

Court Minutes - Date: \_\_\_\_\_ Dept: \_\_\_\_\_

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

### 4. DELIVERY (Check One)

Call when available

Mail \*must provide self-addressed stamped envelope

### 5. Request to View Docket in Person Only

View Only \*warehouse retrieval fee may apply

### COURT USE ONLY

<input type="checkbox"/> Certification \$40	Received By / Date:
<input type="checkbox"/> Copy Fee: \$0.50 x _____ pages = \$ _____	
<input type="checkbox"/> Standard Warehouse Retrieval \$6	Completed By / Date:
<input type="checkbox"/> Searching Records or Files \$15 (GC 70627 (c) – For each search longer than 10 minutes)	
POSTAGE \$ _____	
Prepaid Amount \$ _____	
GRAND TOTAL \$ _____	
<b>TOTAL BALANCE DUE \$ _____</b>	

Criminal Requests	Traffic Requests
<p>San Francisco Superior Court  850 Bryant Street, Room 101  ATTN: Records Clerk  San Francisco, CA 94103  Phone: 415-551-0651  Hours: Monday – Friday, 8:30 AM – 4:00 PM  (Closed 12:00pm-1:00pm)  In Person Payment Accepted: Cash, Check, Visa, MC  In Person Deposits: Cash, Check  Mailed Payment Accepted: Check  *Mailed request must also include self-addressed stamped envelope</p>	<p>San Francisco Superior Court  850 Bryant Street, Room 145  ATTN: Traffic Department  San Francisco, CA 94103  Phone: 415-551-8550  Hours: Monday – Friday, 8:30 AM – 4:00 PM  (Closed 12:00pm-1:00pm)  In Person Payment Accepted: Cash, Check, Visa, MC  In Person Deposits: Cash, Check  Mailed Payment Accepted: Check  *Mailed request must also include self-addressed stamped envelope</p>

**CHECK INSTRUCTIONS**

- Make payable to “San Francisco Superior Court”
- Include “NOT TO EXCEED \$50” in memo line
- If request exceeds \$50, staff will contact requestor for additional payment.



**OTHER IMPORTANT INFORMATION**

- **Incomplete requests will not be processed.**
- Payment in full is due when requestor picks up records..
- If you do not have a case number, you must obtain a RAP sheet before submitting your Criminal records request. RAP sheets can be obtained through the San Francisco Police Department, Identification Bureau, Hall of Justice, Room 475 415-553-1415.
- If you need a Court Reporter Transcript, please call (415) 551-3778 or email [transcriptrequests@sftc.org](mailto:transcriptrequests@sftc.org). You must include the date of the proceedings, the Department and the Court Reporter's name in your request.

**ELECTRONIC RECORDING REQUESTS**

If you would like to obtain an Electronic Recording or a transcript of your Electronic Recording from your misdemeanor hearing, please visit <https://fortherecord.com/san-francisco/>

You may be required to submit payment prior to the Electronic Recording being produced.

**GOVERNMENT AGENCIES**

- Requests may be submitted via Fax (415) 551-8085.
- Postage will be added for the return of copies or for the court’s written response to the request.
- Records Request form with the balance due listed is the invoice to be paid.
- Submit *Balance Due* with invoice to the following:  
Superior Court of California, County of San Francisco  
Attn: Fiscal Services  
400 McAllister Street, Room 205,  
San Francisco, CA 94102
- For any questions on payments please contact [AP@sftc.org](mailto:AP@sftc.org) or 415-551-5715.