

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN FRANCISCO

400 McAllister Street, San Francisco, CA 94102

Phone: 415-551-4000 | Website: <https://sfsuperiorcourt.org>



REPORTER'S CERTIFICATE OF COMPLETION AND REQUEST FOR DISBURSING FUNDS

(PURSUANT TO APPELLATE RULES, CRC 8.130 and CRC 8.834)

Name of Claimant (please print): _____

Address of Claimant: _____

E-mail Address of Claimant: _____

Case Number: _____

Case Name: _____

Receipt Number: _____

Date Transcript(s) Filed with San Francisco Superior Court (required): _____

Date Appeal was Abandoned or Dismissed: _____

Amount Requested for Payment: _____

Amount Requested for Return to Depositor: _____

Additional Funds to be Paid by Depositor (if applicable): _____

I hereby certify under penalty of perjury that I have prepared and/or filed the Reporter's Transcript on Appeal in the above-entitled case as required by the Rules on Appeal; that there was the deposited sum of \$ _____ for my portion of Reporter's Transcript on Appeal, a copy of the Clerk's notice to reporter to prepare transcript of same being attached hereto.

CHOOSE AND COMPLETE ONE:

I hereby request the sum of \$ _____ to be paid to me as per the attached invoice and that the balance of \$ _____ be returned to the depositor.

I hereby request the sum of \$ _____ to be paid to _____ (Vendor's Name) as per the attached invoice and that the balance of \$ _____ be returned to the depositor. (Note: Must attach copy of Vendor's W-9 Form.)

Date: _____

Signature of Claimant

Send completed form with your invoice and a copy of the Clerk's notice to reporter to prepare transcript attached to: San Francisco Superior Court, 400 McAllister Street, Room 205, San Francisco, CA 94102, Attn: Accounting Dept.

FOR COURT USE ONLY

Approved

Denied Reason: _____

Additional Funds to be Paid by Depositor: _____

Attention: Accounting | 400 McAllister Street, Room 205, San Francisco, CA 94102 | ARevenue@sftc.org | Fax 415-551-5701

SFACC-001

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