ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address)		FOR COURT USE ONLY
State Bar No.		
TELEPHONE NO.	FAX NO. (OPTIONAL)	
TELETHONE NO.	TAKNO. (OF HONAL)	
☐ ATTORNEY FOR:	☐ PETITIONER ☐ RESPONDENT ☐ SELF-REPRESENTED	
	IFORNIA, COUNTY OF LASSEN	
2610 Riverside Drive, Susanv	IIIE, CA 96130	
PETITIONER/PLAINTIFF:		
DEODONDENT/DEEENDANT.		
RESPONDENT/DEFENDANT:		
STATEMEN"	T REQUESTING PRESENCE	CASE NUMBER:
	COURT REPORTER	
This statement is made by ar an haba	of the fellowing part/parties.	
This statement is made by or on behalf of the following party/parties:		
I request that the Court provide a	n official court reporter at the proceeding identified b	pelow. I understand that requesting a
court reporter is not the san	ne as requesting a court reporter's transcript, and do	es not entitle me to transcripts.
Description of Proceeding:		
Courtroom/Department Number:	Date:	Time:
·		
I estimate that the proceeding will take	e: ☐ One hour or less ☐ More than one hour	
. command that the proceduring this take		
I have an approved fee waiver with the	e court in the above case number: ☐ Yes ☐ No	
Thave an approved lee waiver with the	e coult in the above case number. — res — no	
If you have an amount of factorium with		ainaa waxa faa waiyaa waa anaasado
•	ith the court, have your financial circumstances changed	since your fee waiver was approved?
□ Yes □ No		
If your financial circumstances have c	hanged, explain:	
I declare under penalty of perium u	nder the laws of the State of California that the above	information and all attachments are
	nder the laws of the State of Camornia that the above	s information and an attachments are
true and correct.		
Date:		
Date:		
(TYPE OR PRINT NAME)	(SIG	NATURE)

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