

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) State Bar No.   TELEPHONE NO.                      FAX NO. (OPTIONAL)  <input type="checkbox"/> ATTORNEY FOR: <input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> SELF-REPRESENTED	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN</b> 2610 Riverside Drive, Susanville, CA 96130	
<b>PETITIONER/PLAINTIFF:</b>  <b>RESPONDENT/DEFENDANT:</b>	
<b>STATEMENT REQUESTING PRESENCE OF A COURT REPORTER</b>	CASE NUMBER:

This statement is made by or on behalf of the following party/parties: \_\_\_\_\_

**I request that the Court provide an official court reporter at the proceeding identified below. I understand that requesting a court reporter is not the same as requesting a court reporter's transcript, and does not entitle me to transcripts.**

Description of Proceeding: \_\_\_\_\_

Courtroom/Department Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I estimate that the proceeding will take:   ☐ One hour or less      ☐ More than one hour

I have an approved fee waiver with the court in the above case number:   ☐ Yes      ☐ No

If you have an approved fee waiver with the court, have your financial circumstances changed since your fee waiver was approved?

☐ Yes      ☐ No

If your financial circumstances have changed, explain: \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of California that the above information and all attachments are true and correct.**

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)