



Superior Court of California, County of Sacramento

Criminal Records Unit

720 9th Street, Room 101, Sacramento, CA 95814-1302

Telephone (916) 874 – 5664, (916) 874 – 8881, www.saccourt.ca.gov

Local Criminal Records Name Search Request

I request the following search:

Date of Request: _____

Requestor Name: _____

Requestor Address: _____

Requestor City, State, Zip: _____

Defendant's Name: _____

Multiple name search requested. See attached form CR-278A-1.

I am requesting all records found.

I am only requesting records found within the range of: _____

Record Search Fees allowed per Government Code 70627	Name Search only:	\$15.00 per name (if applicable)
	Certified for each Name Search	\$40.00 plus \$15.00 fee per name (if applicable)

If you do not have a case number and would like to request a local criminal record name search for Sacramento County, complete this form and include applicable fees. Make checks payable to the Sacramento Superior Court. If you wish to pay by credit card, complete the information at the bottom of this form. **Do not send cash.**

The court provides local criminal records information on the exact information you provide. You must be specific as to name, including middle initial and last name. Specific identifiers are not used to confirm records.

Case information is not available on purged/destroyed records.

The information returned will be for Sacramento County arrests only. The court does not have access to or provide information for other counties, the Federal Courts, or other states.

If Criminal record case(s) are found, you may request copies by completing the Local Criminal Records Copy Request form (CR- 278C).

All requests are processed in the order they are received. Responses will be returned to the mailing address you provided above. Mail your search request to the address listed at the top of this form.

Credit Card Authorization

Visa MasterCard

Name on Card: _____

Billing Address: _____

Billing City: _____ State: _____ Zip Code: _____

Telephone: _____ Alt. Telephone: _____

Card Number: _____ Exp. Date: _____ CVV#: _____
(MM/YY) (3 digits on back of card)

I authorize the Superior Court of California, County of Sacramento to charge the amount of \$ _____ to the credit card number provided above.

Date: _____ Cardholder's Signature: _____