

Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA MAILING ADDRESS: 1500 Court Street, Room 205 STREET ADDRESS: 1500 Court Street, Room 205 CITY AND ZIP CODE: Redding, CA 96001 BRANCH NAME:	
IN THE MATTER OF	
REQUEST AND ORDER FOR RETURN OF EXHIBITS/RECORDS	Case Number:

Plaintiff(s) Defendant(s) hereby requests the return of exhibits/records introduced on _____ in the above entitled case.
(You must retrieve the items in person by presenting proper identification at the Administration office.)

Final determination has been entered and time to appeal has expired.

Signature of Attorney or Party without an attorney

Date: _____

Print Name

Good cause appearing therefore, and pursuant to the Code of Civil Procedure § 1952.2, and Chapter 13 of the Penal Code, commencing with § 1417; it is now ordered that the Clerk of the Superior Court is authorized and directed to return all exhibits/records noted above to the party that introduced them in the above entitled case.

IT IS SO ORDERED:

Judge of the Superior Court

Date: _____