

Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for: <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA</b> MAILING ADDRESS: 1515 Court Street, Room 110 STREET ADDRESS: 1515 Court Street, Room 110 CITY AND ZIP CODE: Redding, CA 96001 BRANCH NAME:	
IN THE MATTER OF	
<b>REQUEST AND ORDER FOR RETURN OF EXHIBITS/RECORDS</b>	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 and present identification to clerk).*

☐ 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 and pursuant to the CCP §1952.2, and PC §1417; it is now ordered that the Clerk of the Superior Court is authorized and directed to return all exhibits/records to the party that introduced them in the above-entitled case.

**IT IS SO ORDERED:**

\_\_\_\_\_  
Judge of the Superior Court

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

**RECEIPT FOR RELEASE OF EXHIBITS (CRC 2.400(C))**

I hereby acknowledge receipt of the following exhibits received into evidence in the above-entitled case.

Exhibit Number(s):

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Recipient