

Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA 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	
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 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