

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

DEPARTMENT AND DIVISION:
JUDICIAL DISTRICT OR BRANCH COURT:
MAILING ADDRESS:
STREET ADDRESS:
CITY AND ZIP CODE:
TELEPHONE:
FAX:

**REPORT TO THE JUDICIAL COUNCIL:
SUPERIOR COURT RECORDS DESTROYED, PRESERVED, AND TRANSFERRED**

1. You are hereby notified, as required by rule 6.755(l) of the California Rules of Court, that the following superior court records were (check only one category per report):
- a. Destroyed by court order (date of order):
 and preserved in another medium (specify):
 - b. Preserved for the comprehensive or sample court records (specify the location of the records below, if different from the court address above).
 - c. Transferred to an entity under rule 6.756 (specify location of the records below if different from the organization's address).
Attach a copy of Judicial Council Form 982.8(2)(R).

Record Type	Beginning and Ending Case Numbers	Beginning and Ending Month and Year	Medium
2.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
3.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			
4.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (specify):
Location:			

Date: _____ Clerk, by _____, Deputy

(If necessary, use the reverse of this page to continue)

Record Type	Beginning and Ending Case Numbers	Beginning and Ending Month and Year	Medium
5.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
6.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
7.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
8.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
9.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
10.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
11.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			
12.			<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
Location:			