

SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA
ELECTRONIC RECORDING REQUEST FORM



Instructions:

- Fill out the form completely with your case and hearing information.
- Submit completed form:

In person and make \$15 payment to the court.

OR

Email to nccounter@nccourt.net and mail a check for \$15 to the court.

Requestor Information

Name: _____ Date: _____

Mailing address: _____

Phone Number: (____) _____ - _____ Email Address: _____

Case Information

Case Name: _____

Case Number: _____

Appearance Date: _____ Approximate Time: _____ AM PM (check one)

Judge's Name: _____ Department Number: _____

Submitting clerk: _____

Check One

I will pick up the DVD

Please mail the DVD (self-addressed stamped envelope must be provided)

Please allow 10-14 days to process your request