

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 10.855 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 10.856 (*specify location of the records below if different from the organization's address*). **Attach a copy of Judicial Council Form REC-002(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 (<i>specify</i>):

Location:

3.	<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
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Location:

4.	<input type="checkbox"/> Paper <input type="checkbox"/> Microfilm <input type="checkbox"/> Electronic <input type="checkbox"/> Other (<i>specify</i>):
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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:			