

**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> :
----	--	--	--

Location:

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

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:			