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Governor Gavin C. Newsom

## **COURT REPORTER REQUEST FORM**

<sup>†</sup> Appellant Name:	: spb Case No:		<sup>†</sup> Date:	
<sup>1</sup> Name of Person Submitting Request:	omitting Request:		<sup>†</sup> Phone Number:	
<sup>†</sup> Street Address: (line one)				
† Street Address: (line two)				
<sup>†</sup> City:			<sup>†</sup> State:	<sup>†</sup> Zip Code:
Location of Hearing:	† Date		of Hearing:	
† Please provide a statement of good cause in su	pport of your request: (attacl	h additional page	s as neede	ed) *
Additional Pages Attached	* A definition of good cause may be fou	ınd in Cal. Code Regs	., tit. 2, § 51.2	2 (v) <sup>†</sup> Denotes required field
Requests for a certified court reporter are subject ers will be retained by the SPB, however, all expe SPB will require a copy of the court reporter's tran	enses will be borne by the p		_	
Please submit this completed form via email to a to the State Personnel Board, Appeals Division, 8	· · · · · · · · · · · · · · · · · · ·	•		•
I declare, under penalty of perjury that the contents of this form are true and correct to the best of my knowledge, and that this declaration was executed on the date and at the location indicated below.				
Signature:	Date:	L	ocation:	
Electronic signature accepted pursuant to Cal. Code of Regs., tit. 2, §	§ 52.1 (c)			