

CIIRapRequest: _____ Courthouse

**STATE OF CALIFORNIA DEPARTMENT OF JUSTICE
REQUEST FOR RECORD TRANSCRIPT**

Mail to: _____
Attorney at Law

CASE NUMBER _____

DESCRIPTION

NUMBERS

NAME: _____
Defendant's full name

CII: _____
Def's CII #

ALIAS: _____

SSN: _____
Def's SSN

ADDRESS: _____
Defendant's street address

DL: _____
Def's DLN

CITY, STATE: _____
City, State & zip code

FBI: _____
Def's FBI #

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Def's DOB Def's POB

PRISON: _____
Def's Prison #

RACE: _____ SEX: _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

CRIMINAL OFFENDER RECORD INFORMATION CANNOT BE USED FOR EMPLOYMENT, LICENSING OR CERTIFICATION PURPOSES EXCEPT AS PROVIDED BY LAW.

THE PURPOSE OF THIS REQUEST IS: Criminal Investigation: People v. _____

AUTHORIZING SIGNATURE

_____, Attorney at Law Telephone No. _____

Date: _____

Name Search in Bureau of Criminal
Identification Files Indicates that:

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
COMMAND CENTER - ROOM G-210
POST OFFICE BOX 903417
SACRAMENTO, CA 94203-4170

(New 4/08)