Court Reporter Invoice Form Instructions

Court Reporter Invoice - https://www.sanmateo.courts.ca.gov/cr_invoice

Appellate Court Reporter Invoice - https://www.sanmateo.courts.ca.gov/cr_appellate_invoice

Non-Criminal Appellate Court Reporter Invoice - https://www.sanmateo.courts.ca.gov/cr_appellate_noncriminal_invoice

Juvenile Appellate Court Reporter Invoice - https://www.sanmateo.courts.ca.gov/cr_juv_appellate_invoice
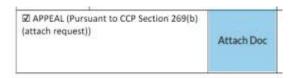
1) Court Reporter Information Section

SUPERIOR COURT OF CALIFORNIA • COUNTY OF SAN MATEO
COURT REPORTER CLAIM FOR TRANSCRIPT PAYMENT

PLEASE PRINT OR TYPE ALL INFORMATION   INVOICE NO.: CSR # - 09/30/2022 15:30

CSR Number   Invoice Origination Date

| REPORTER INFORMATION | NAME: Name | STREET: Street |
| | VENDOR NO.: Vendor # | CITY/ZIP: City/Zip |

☐ PRELIM (Pursuant to PC Section 869)
☐ CRT ORDER (attach order)
☐ CDC (PC Section 1203.1, attach request)
☐ DEATH PENALTY (PC Section 190.9)

Attach Doc ⬆

TOTAL AMOUNT: _____

Court Reporter's CSR #, Vendor #, name and address and transcript type are required information.

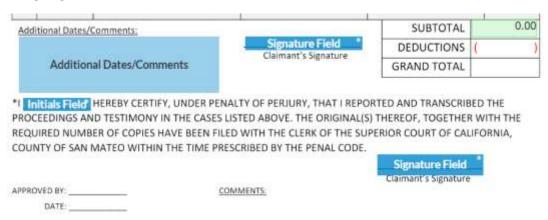If submitting a CRT Order or CDC, please ensure relevant documents are attached.

☑ APPEAL (Pursuant to CCP Section 269(b) (attach request))

Attach Doc

For Appellate transcripts, Appeal will already be checked.

2) Transcript Claim Section

#	DATE	DEFENDANT'S NAME	CASE #	PAGE X 3.0 X DOLLAR AMOUNT		TOTAL
1	Date Field	Defendant Name(s) 1	Case 1 #	Pages 1 x 3.0 x $ Amt 1		0.00
				☐ Late Deduction	(	)
2	Date Field	Defendant Name(s) 2	Case 2 #	Pages 2 x 3.0 x $ Amt 2		0.00
				☐ Late Deduction	(	)
3	Date Field	Defendant Name(s) 3	Case 3 #	Pages 3 x 3.0 x $ Amt 3		0.00
				☐ Late Deduction	(	)

Additional Dates/Comments:

Additional Dates/Comments

For each transcript, select date and enter in the defendant name(s) and Case #'s. Also enter in the number of pages and dollar amount per page. If it is necessary to enter in multiple dates, please utilize the Additional Comments section at the bottom of the table to provide additional details.

3) Signing Section

Additional Dates/Comments:		SUBTOTAL	0.00
Additional Dates/Comments	Signature Field * Claimant's Signature	DEDUCTIONS	( )
		GRAND TOTAL	

*I Initials Field HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT I REPORTED AND TRANSCRIBED THE PROCEEDINGS AND TESTIMONY IN THE CASES LISTED ABOVE. THE ORIGINAL(S) THEREOF, TOGETHER WITH THE REQUIRED NUMBER OF COPIES HAVE BEEN FILED WITH THE CLERK OF THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO WITHIN THE TIME PRESCRIBED BY THE PENAL CODE.

Signature Field *
Claimant's Signature

APPROVED BY: _____   COMMENTS:
DATE: _____

There are two signature fields and one initials field required to submit the invoice form.

4) Submitting Form

Decline   Close   **Finish**

Once all required fields have been filled out and you are ready to submit, click on the Finish button at the top right of the page.