

Request to View Sealed Transcripts

YOUR NAME
Attorney at Law and SBN
YOUR ADDRESS
Telephone

Attorneys for Appellant

COURT OF APPEAL OF THE STATE OF CALIFORNIA

[THIRD/FIFTH] APPELLATE DISTRICT

PEOPLE OF THE STATE OF CALIFORNIA,)	
)	[3/5] Crim. [APPEAL NO.]
Plaintiff and Respondent,)	
)	([County]
)	Superior Court
)	No. [county no.]
)	
v.)	
)	
APPELLANT’S NAME,)	
)	
Defendant and Appellant.)	

REQUEST FOR ORDER TO VIEW SEALED AUGMENTATION TO RECORD

TO THE PRESIDING JUSTICE OF THE [THIRD/FIFTH] DISTRICT COURT OF APPEAL:

On [DATE] the County Clerk of [NAME COUNTY] County certified and mailed augmentation pursuant to an order of this court granting appellant's motion to augment the record on appeal. Included and lodged with the augmentation was the original of Defendant's Exhibit [DESCRIBE]

Dated: [DATE] at [City], California.

Respectfully submitted,

[YOUR NAME, SBN]
ATTORNEY AT LAW
Attorney for Appellant

YOUR NAME
Attorney at Law and SBN
YOUR ADDRESS
Telephone

Attorneys for Appellant

COURT OF APPEAL OF THE STATE OF CALIFORNIA
[THIRD/FIFTH] APPELLATE DISTRICT

PEOPLE OF THE STATE OF CALIFORNIA,)	
)	[3/5] Crim. [APPEAL NO.]
Plaintiff and Respondent,)	
)	[[County]
v.)	Superior Court
)	No. [county no.]
APPELLANT, NAME.,)	
)	
Defendant and Appellant.)	
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DECLARATION OF [NAME OF APPELATE COUNSEL]

[YOUR NAME] declares under penalty of perjury:

1. I have been appointed to represent appellant, [NAME APPELLANT] on appeal from a judgment of conviction and a state prison sentence of [TERM, e.g. two years] in state prison.

2. On [DATE] I filed a motion to augment the record requesting [NAME ITEM(S) REQUESTED THAT HAVE BEEN PUT UNDER SEAL]. This court granted that motion on [DATE] and on [DATE] I was informed that [DESCRIBE HOW YOU LEARNED THAT THE SEALED RECORD IS NOW PART OF THE COURT OF APPEAL'S RECORD].

3. [STATE GROUNDS FOR YOUR ACCESS TO VIEW THE SEALED

RECORD, INCLUDING POSSIBLE RELATED ISSUES ON APPEAL].

4. [IF APPLICABLE, STATE WHY RESPONDENT SHOULD NOT BE GIVEN ACCESS TO VIEW THE SEALED RECORD]

Executed on this [DATE] at [PLACE].

Respectfully submitted,

[YOUR NAME, SBN]
ATTORNEY AT LAW

Attorney for Appellant
[NAME OF APPELLANT]