**COURT REPORTERS BOARD OF CALIFORNIA**
2535 Capitol Oaks Drive, Suite 230
Sacramento, CA  95833
Phone (916) 263-3660 / Toll Free: 1-877-327-5272
Fax (916) 263-3664 / www.courtreportersboard.ca.gov

# The Transcript Reimbursement Fund Application
# Pro Per Litigant

## APPLICANT INFORMATION

1. **Litigant Requesting Reimbursement**                    Litigant In Propria Persona: ☐
   Name: _____

   Address: _____

   City/State/Zip: _____

   Telephone No.: _____  FAX No.: _____

   E-mail Address: _____

2. **Copy of Approved Fee Waiver Attached:**  ☐ Yes          ☐ No

   *Applicant(s) must be indigent as defined in California Business & Professions Code Section 8030.4(f).  As proof, applicants must provide a copy of an approved fee waiver obtained from the court in this case.  Failure to provide the fee waiver will result in the application being returned without processing.*

## CASE INFORMATION

3. **Case Name:** _____

4. **County, Court and/or Judicial District where filed:** _____

5. **Court Case File No.:** _____

6. **TRF Request Previously Submitted in This Case:**  ☐ Yes  ☐ No

7. **Type of Civil Case** (please check one):
   ☐ Family Law     ☐ Bankruptcy      ☐ Probate        ☐ Wrongful Termination
   ☐ Eviction/Unlawful Detainer        ☐ Other: _____

8. **The indigent litigant is the:** ☐ Plantiff   ☐ Defendant   ☐ Other: _____

*Reimbursement is limited to $1,500 per case [B&P Code Section 8030.5(b)]*

| FOR CRB USE ONLY | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Form Complete:** | Y | N | N/A | **Approve:** | Y | N | N/A | **Payment To:** | L | CSR |
| **Fee Waiver:** | Y | N | N/A | **Deny:** | Y | N | N/A | | | |
| **Invoices:** | Y | N | N/A | **Provisional:** | Y | N | N/A | **By:** | | |
| **Estimates:** | Y | N | N/A | **Deficiencies/Comments:** _____ | | | | | | |
| **Resolved:** | Y | N | N/A | | | | | | | |

# CERTIFIED SHORTHAND REPORTER (CSR) INFORMATION

**9.  CSR(s) who provided transcript services (attach additional pages if necessary):**

| | |
|---|---|
| CSR Number: _____ | CSR Number: _____ |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Phone: _____ | Phone: _____ |
| Cost/Estimate: $ _____ | Cost/Estimate: $ _____ |
| Job Date: _____ | Job Date: _____ |
| Preparation of: ☐ Original & 1  ☐ Copy Only | Preparation of: ☐ Original & 1  ☐ Copy Only |
| Per Diem Included: ☐ Yes  ☐ No | Per Diem Included: ☐ Yes  ☐ No |
| Invoice Paid:  ☐ Yes*  ☐ No | Invoice Paid:  ☐ Yes*  ☐ No |

*The State cannot issue payment from an estimate; however, applications submitted with estimates for transcripts not yet completed may be eligible for a provisional approval.*

\*Signature of CSR necessary if CSR has been paid and litigant is to be reimbursed directly. It may be possible to verify payment was made if the CSR annotates such on the invoice. You must also submit the Payee Data Record (Std. 204) form to receive reimbursement directly.  You may obtain the form at:  http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf.

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## CERTIFICATION OF APPLICATION

I/We certify under penalty of perjury under the laws of the State of California, that the foregoing statements, information and all supporting documents are true and correct.

As a condition of entitlement, I/we certify that any money received from the Transcript Reimbursement Fund will be **repaid in full** from any award of costs or provided in any settlement agreement.  The refund shall be made within 90 days of receipt of the award or settlement.  [B&P Code Section 8030.2(e)(1)].

I/We also certify that any money received from this fund will be **repaid in full** if the court orders the fee waiver withdrawn or denied retroactively.  [B&P Code Section 8030.2(e)(2)]

| | |
|---|---|
| _____ | _____ |
| **Signature of Applicant** | **Date** |

**Questions may be directed to the TRF Coordinator at (916) 263-4690.**