

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
ORDER FORM FOR NAME INDEXES ON COMPACT DISK**

Operational Area	CD TYPE		Amount
	Monthly	*Legacy	
Criminal/Traffic	<input type="checkbox"/> \$50.00/month (No. of prepaid months_____)	<input type="checkbox"/> \$50.00	\$
Civil/ Small Claims	<input type="checkbox"/> \$50.00/month (No. of prepaid months_____)	<input type="checkbox"/> \$50.00	\$
Family Law	<input type="checkbox"/> \$50.00/month (No. of prepaid months_____)	<input type="checkbox"/> \$50.00	\$
Probate	<input type="checkbox"/> \$50.00/month (No. of prepaid months_____)	<input type="checkbox"/> \$50.00	\$
Small Claims Legacy (pre-2006)		<input type="checkbox"/> \$50.00	\$
Civil Limited Legacy (pre-2006)		<input type="checkbox"/> \$50.00	\$
		Total →	\$

Information about Data on Compact Disks

Monthly CD: The file for the current month is generated on or about the 15th day of the following month and is cumulative for the year. For example, a file generated on July 15, 2008, will contain data for the period January 1, 2008 through June 30, 2008. **If you are interested in a specific month, specify the month that you are requesting here:**

***Legacy CD:** The legacy CD contains all index data for each operational area from the last generated monthly index, back to the earliest index data residing in the data base.

How To Order

1. Select from the CD packages available on this order form by completing the appropriate box(es).
NOTE: If you wish to prepay for future Monthly CD's, show the number of months you wish to receive in the space provided on the form, multiply that number by \$50.00, and show

the total in the amount column above. You may only prepay through December of the current year.

2. Total your order form.
3. Make your checks/money orders payable to: *Clerk of the Court* or fill out the Credit Card payment portion below. (DO NOT SEND CASH)
4. Mail this order form and your payment to:
Superior Court of Orange County
Records & Exhibits Management
P.O. Box 22014
Santa Ana, CA 92702-2014
5. Include your complete return mailing address:

Name _____
Address _____
City _____ State/Province _____
Country _____ Postal/Zip Code _____
Telephone _____ Email Address _____
Contact Name _____

To pay by Credit Card, please complete the following:

Today's Date: _____

Visa **MasterCard** **Discover** **American Express** **Diner's Club**

Payment Amount \$ _____

Card # _____ - _____ - _____ - _____

Exp Date _____ / _____ Zip Code _____

Phone (____) _____ - _____

Cardholder's Signature _____