

**COURT REPORTERS BOARD OF CALIFORNIA**

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**The Transcript Reimbursement Fund Application****APPLICANT INFORMATION****1. Qualifying Nonprofit Entity**Qualification letter included: 

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

**2. Attorney Handling Case**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This attorney is (please check one):

 An employed staff attorney with the qualifying nonprofit entity A pro bono attorney referred by the qualifying nonprofit entityLetter of referral to pro bono attorney from nonprofit entity included:  Other: Please explain the relationship of the attorney to the qualifying nonprofit entity:  
\_\_\_\_\_**3. Please indicate which section of the B&P Code the applicant is claiming eligibility:** 8030.4(a) 8030.4(b) 8030.4(c) 8030.4(d)**CASE INFORMATION****4. Case Name:** \_\_\_\_\_**5. County, Court and/or Judicial District where filed:** \_\_\_\_\_**6. Court Case File No.:** \_\_\_\_\_**7. TRF Request Previously Submitted in This Case:**  Yes  No**8. Type of Civil Case** (please check one): Family Law Bankruptcy Probate Wrongful Termination Eviction/Unlawful Detainer Other: \_\_\_\_\_**9. Represented Party**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**10. The represented party is indigent as defined in B&P Code 8030.4**  Yes  No**11. The represented party is the:**  Plaintiff  Defendant  Other: \_\_\_\_\_

12. Please indicate under which subparagraph(s) of B&P Code 8030.4(g) you are claiming the case is not fee generating (please check all applicable):

- 8030.4(g)(1)(A)     8030.4(g)(1)(B)     8030.4(g)(1)(C)     8030.4(g)(1)(D)  
 8030.4(g)(2)     8030.4(g)(3)     8030.4(g)(4)

13. Has the applicant entered into any contract that contains ANY type of contingency fee agreement or clause?     Yes     No

**CERTIFIED SHORTHAND REPORTER (CSR) INFORMATION**

14. 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: <input type="checkbox"/> Original & 1 <input type="checkbox"/> Copy Only	Preparation of: <input type="checkbox"/> Original & 1 <input type="checkbox"/> Copy Only
Per Diem Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Diem Included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Invoice Paid: <input type="checkbox"/> Yes* <input type="checkbox"/> No	Invoice Paid: <input type="checkbox"/> Yes* <input type="checkbox"/> 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.

**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 attorney's fees [Business and Professions Code 8030.2(e)(1)].

_____ <b>Signature of Project or Center Director</b>	_____ <b>Date</b>
<b>OR</b>	
_____ <b>Signature of Pro Bono Attorney</b>	_____ <b>Date</b>

FOR CRB USE ONLY											
<b>Form Complete:</b>	Y	N	N/A	<b>Approve:</b>	Y	N	N/A	<b>Payment To:</b>	NP	A	CSR
<b>Qual/Ref Letter:</b>	Y	N	N/A	<b>Deny:</b>	Y	N	N/A	<b>By:</b>			
<b>PB Letter:</b>	Y	N	N/A	<b>Provisional:</b>	Y	N	N/A				
<b>Invoices:</b>	Y	N	N/A								
<b>Estimates:</b>	Y	N	N/A	<b>Deficiencies/Comments:</b> _____							
<b>Resolved:</b>	Y	N	N/A								