

SUPERIOR COURT OF CALIFORNIA COUNTY OF MADERA

Attorney Case Access Request Form

Attorneys may submit this form to request access to specific case files electronically via electronic mail to portaladmin@madera.courts.ca.gov. If the request is approved, an email that contains the case access token will be sent to the email provided on this form. One access token per case requested will be sent. In order to use this token to access the electronic case file, an account must be created on the Madera County Superior Court's public portal here: https://madera-prod-portal.ecourt.com/public.portal. Account creation instructions are located on the Portal home page.

ATTORNEY INFORMATION First Name:	Last Name:
Thou Hamo:	*
State Bar ID:	
I request the court to allow me to accerding email: Email:	s case documents and receive communication about my case/s using the
Verify Email:	
 reflect that you are the attored I understand the email provide I understand that newly filed documents are scanned by the I understand that the court, at outlined in the Public Portal Te I understand that documents pall relevant rules to the transment 	of record on the cases I am requesting access to. *If court records do not ey of record, access will not be granted. must be the same one used on pleadings filed in the case(s) below. cuments will only be available once an eFiled document is filed and/or paper court, not at the time of submission. s discretion, may decide to terminate portal access for unacceptable uses ms of Use posted on the Portal home page. ovided on the portal may be confidential to the parties involved in the case and sion and sharing of these documents with third parties apply. this form and on the Public Portal and I understand that the terms apply to me.
CASES I AM REQUESTING ACCESS (Maximum of 10 cases can be request MCR000000-A)	TO d per submission. Please enter the case number with any dashes, if any, e.g.
,	Number(s) *
DATE: *	
PRINTED NAME:	SIGNATURE: