

Submit by Email: <u>specialmaster@calbar.ca.gov</u> or FAX: (415) 538-2215

## **Special Master Search Summary Form**

Special Master Information
Name:
State Bar Member #:
Email Address:

Search Information
Agency requesting warrant:
Court:
Judge:
Date assigned:
Date of search:
County where search performed:

Type of Location Searched		
Law Office	Physician's Office	
Mental Health Professional	Clergy	
Other	Date material delivered:	
Judge/Officer to whom privileged materials delivered:		

## Note:

Penal Code Section 1537 requires that you keep a copy of the search inventory for your records. DO NOT send the inventory sheet to the State Bar of California.

Signature
Name (printed):
Signature:
Date: