CONFIDENTIAL NC-41			
АТТ	ORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
E-	TELEPHONE NO.: FAX NO. (Optional):  MAIL ADDRESS (Optional):		
	ATTORNEY FOR (Name):  SUPERIOR COURT OF CALIFORNIA, COUNTY OF  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:  PETITION OF (Name of each petitioner):		
	APPLICATION TO FILE DOCUMENTS UNDER SEAL IN NAME CHANGE PROCEEDING UNDER ADDRESS CONFIDENTIALITY PROGRAM (SAFE AT HOME)	CASE NUMBER:	
A (-	Sefore you complete this petition, you should read the <i>Information Sheet folddress Confidentiality Program (Safe at Home)</i> (form NC-400-INFO). You napplication to File Documents Under Seal in Name Change Proceeding Under Safe at Home) (form NC-420) with this application. You must file this application court of the county where the person whose name is to be change	nust file a Declaration in Support of der Address Confidentiality Program ation and the petition in the	
	Is a participant in the Secretary of State's address confidentiality program under Government Code sections 6205–6211 and is alleging one of the following as a reason for the name change: (1) seeking to avoid domestic violence, (2) seeking to avoid stalking, or (3) is, or is filing on behalf of, a victim of sexual assault.  Petitioner requests that the court file the following documents under seal:  a.		
3.	The facts that support this petition to file the documents checked above under seal are supplication to File Documents Under Seal In Name Change Proceeding Under Address (form NC-420).		
4.	Petitioner has completed each of the documents checked above, placed them in a seale with the court along with this application.	ed envelope, and is lodging the envelope	
Da	ate:		

(SIGNATURE OF ATTORNEY OR PETITIONER WITHOUT ATTORNEY)

(TYPE OR PRINT NAME)