

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____ CHILD'S DATE OF BIRTH: _____	CASE NUMBER: _____
PETITION TO OBTAIN REPORT OF LAW ENFORCEMENT AGENCY	RELATED CASES <i>(if any):</i> _____
1. Petitioner's name and address <i>(if representing another person, organization, or agency, provide names and addresses):</i> _____	
2. Petitioner's relationship to child <i>(if any):</i> _____	
3. Police department or law enforcement agency possessing records: Report number: _____	
4. The reasons for this request are: <i>(Describe in detail. Attach additional pages if necessary.)</i> <input type="checkbox"/> Continued in Attachment 4.	
5. <input type="checkbox"/> The <i>Notice to Child and Parent/Guardian Re: Release of Juvenile Police Records and Objections</i> (form JV-580) was served on the <input type="checkbox"/> child or <input type="checkbox"/> parent on (date): _____	

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PETITIONER)

Number of pages attached: _____

PETITION GRANTED PETITION DENIED

ADDITIONAL ORDERS:

Date:

 JUDICIAL OFFICER