

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:	HEARING DATE AND TIME:
PETITION FOR DISCLOSURE OF JUVENILE COURT RECORDS Welfare and Institutions Code, § 827	CASE NUMBER:

1. Petitioner's name and address *(if representing another person, organization, or agency, provide names and addresses):*

2. Petitioner's relationship to child *(specify):*

3. Petitioner on information and belief alleges the following:
 - a. There are juvenile court records concerning the above-named child.
 - b. The child has been found to be within the jurisdiction of the juvenile court under
 - (1) Welfare and Institutions Code section 300
 - (2) Welfare and Institutions Code section 601
 - (3) Welfare and Institutions Code section 602
 - (4) Unknown
 - c. The child is currently a dependent ward of the juvenile court. Unknown
 - d. The case was closed on *(date)*: Unknown

4. Petitioner requests access to the following juvenile court records as defined by California Rules of Court, rule 5.552 (describe in detail; attach additional pages if necessary):

Continued on Attachment 4.

5. The reasons for this request are *(describe in detail the relevance of, and the necessity for, the requested records; attach additional pages if necessary):*
 - a. Civil court case pending (no.: _____)
 - b. Criminal court case pending (no.: _____)
 - c. Relevant case nos. *(if known)*:
 - d. Juvenile court case no.: _____ Police report no.:
 - e. Other *(specify)*:

Continued on Attachment 5.

(Continued on reverse)

CHILD'S NAME:	CASE NUMBER:
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NOTICE MUST BE PROVIDED TO ALL KNOWN PARTIES IN THE MINOR'S CASE INCLUDING THE MINOR.

6. A copy of this petition has been placed in a sealed envelope with postage paid and the envelope has been deposited in the United States mail to the following:
- a. County counsel (*address*):
Date mailed:
 - b. District attorney (*address*):
Date mailed:
 - c. Child (*address*):
Date mailed:
 - d. Attorney of record for child who is a current dependent or ward (*name and address*):

Date mailed:
 - e. Child's parent or guardian, if child is under 18 years of age or if a dependency petition was ever filed regarding the child (*name and address*):

Date mailed:
 - f. Probation department (*address*):

Date mailed:
 - g. Child *welfare services* program (*address*):

Date mailed:
7. Petitioner was unable to provide notice of this petition and hearing to the following because the identity of the party or the address or both were unknown to petitioner, and the clerk should serve a copy of the petition and notice of hearing by first-class mail:
- a. Child.
 - b. Child's attorney of record.
 - c. Parent or guardian.
8. The child has consented to the requested disclosure and the child's written consent or release is attached.

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)

9. Address and telephone number:

10. Number of pages attached: _____

ORDER

1. PETITION GRANTED PETITION DENIED

2. ADDITIONAL ORDERS:

3. Set Hearing on Petition. Clerk to notice under California Rules of Court, rule 5.552.

Date:

_____ JUDICIAL OFFICER