

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): _____ ATTORNEY FOR (Name):	TELEPHONE NO.: _____ FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA Street Address: Juvenile Justice: 840 Guadalupe Pkwy., San José, CA 95113 Mailing Address: 191 North First Street, San José, CA 95113	
In the Matter of: (Name of Child), a Minor. [D.O.B. _____]	
<p style="text-align: center;">DECLARATION FOR JUVENILE COURT RECORD (JUVENILE JUSTICE)</p>	CASE NUMBER: _____

I am requesting access to the following record(s): _____

held by:

- Court Clerk, Juvenile Justice Division
- Juvenile Probation Department
- Department of Family & Children Services
- Other _____

Minor's Name: _____

Petition Number: _____

Other Identifying Information: _____

I am:

- Defense Attorney - State Bar Number: _____
- Parent/Guardian of the named juvenile
- Court-Appointed Special Advocate (CASA)
- Staff of Santa Clara County Victim Witness Assistance Center
- District Attorney - State Bar Number: _____
- Sixth Appellate District Program Member
- Other: (specify) _____

Address: _____

I will use this information for the following purpose(s): _____

I understand these records are confidential and can be used only for the purposes stated herein.

I declare under penalty of perjury the forgoing is true and correct.

Dated this _____ day of _____, 20____, at San José, California

Signature: _____

Type or print name: _____