

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):  TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> Street Address: Juvenile Dependency, 115 Terraine Street, 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. _____ ]	
<b>DECLARATION FOR JUVENILE COURT RECORD (DEPENDENCY)</b>	CASE NUMBER:

I am:

- Child or Former Dependent
- Mother of the named juvenile \_\_\_\_\_ (name, "AKA" and DOB)
- Father of the named juvenile \_\_\_\_\_ (name, "AKA" and DOB)
- Guardian of the named juvenile \_\_\_\_\_ (name, "AKA" and DOB)
- Court-Appointed Special Advocate (CASA)
- District Attorney - State Bar Number: \_\_\_\_\_
- Attorney - State Bar Number: \_\_\_\_\_ Representing \_\_\_\_\_
- Sixth Appellate District Program Member
- Other: (specify) \_\_\_\_\_

Address: \_\_\_\_\_

I am requesting to view the following record(s) relating to the minor:

which are held by:

- Court Clerk, Juvenile Dependency Division
- Department of Family & Children Services

I request copies of the following record(s) [copies of records may be subject to a fee pursuant to statute]:

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

Use of juvenile records is subject to Petition under Welfare & Institutions Code § 827 [JV-570] and further Court authorization. I understand these records are confidential.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at San Jose, California

Signature: \_\_\_\_\_

Type or print name: \_\_\_\_\_