

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): 	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA Street Address: 115 Terraine Street, San José, CA 95113 Mailing Address: 191 North First Street, San José, CA 95113 Branch Name: Juvenile Dependency		
In the Matter of: (Name of Child), a Minor. [D.O.B. _____]		
DECLARATION FOR JUVENILE COURT RECORD (DEPENDENCY)		CASE NUMBER:

I am:

- 1. Child or Former Dependent
- 2. Mother of the named juvenile _____(name, "AKA" and DOB)
- 3. Father of the named juvenile _____(name, "AKA" and DOB)
- 4. Guardian of the named juvenile _____(name, "AKA" and DOB)
- 5. Court-Appointed Special Advocate (CASA) _____
- 6. District Attorney - State Bar Number: _____
- 7. Attorney - State Bar Number: _____ Representing: _____
- 8. Sixth Appellate District Program Member
- 9. Other: (specify) _____
- 10. Address: _____

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

12. Which are held by:
- a. Court Clerk, Juvenile Dependency Division
 - b. Department of Family & Children Services

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

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 José, California

Signature: _____

Type or print name: _____