

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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 (if any):
1. Petitioner's name and address (if representing another person, organization, or agency, provide names and addresses):	
2. Petitioner's relationship to child (if any):	
3. Police department or law enforcement agency possessing records: Report number:	
4. The reasons for this request are: (Describe in detail. Attach additional pages if necessary.) <input type="checkbox"/> Continued in Attachment 4.	
5. <input type="checkbox"/> The Notice to Child and Parent/Guardian Re: Release of Juvenile Police Records and Objections (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