



SUPERIOR COURT OF CALIFORNIA COUNTY OF SANTA CLARA

CLETS BACKGROUND INFORMATION FORM

Pursuant to CCP 1279.5, the court is required to conduct a background investigation to determine whether an applicant for a name change is under the jurisdiction of the California Department of Corrections or is required to register as a sex offender (PC 290). To conduct this investigation, the following form must be completed. In the process of completing this form, please print your information. If any section does not apply to you, please indicate "DNA".

LAST NAME:			FIRST NAME:			MIDDLE NAME:			
LIST ANY OTHER NAMES THAT YOU USE, INCLUDING MAIDEN NAME, BIRTH NAME OR NICKNAMES:									
1.									
2.									
3.									
RESIDENCE:		STREET ADDRESS			CITY/STATE		ZIP	PHONE NUMBER:	
MAILING ADDRESS IF DIFFERENT FROM RESIDENCE:							BUSINESS PHONE:		
DATE OF BIRTH:		AGE:	PLACE OF BIRTH: (STATE OR COUNTRY)		SEX:	HEIGHT:	WEIGHT:	HAIR:	EYES:
DRIVER LICENSE NO.:		STATE:	EXPIRATION DATE:		SOCIAL SECURITY NO.:		U.S. CITIZEN:		
							YES <input type="checkbox"/> NO <input type="checkbox"/>		
SCARS, MARKS OR TATOOS: IF YES, DESCRIBE.									
I certify the above information is correct.									
Signature _____						Date: _____			

FOR COURT USE ONLY:		DATE SENT TO SHERIFF: _____	
CASE NUMBER: _____		DATE DUE BACK TO SUPERIOR COURT: _____	
DATE OF APPLICATION: _____		HEARING DATE: _____	