

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : _____ TELEPHONE NUMBER: _____ ATTORNEY FOR: <i>(name)</i> : _____	FOR COURT USE ONLY
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> STREET ADDRESS: MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH: _____	
In the Matter of (Name of Child), a Minor, [D.O.B. _____]	
<p>DECLARATION FOR JUVENILE COURT RECORD</p>	CASE NUMBER: _____

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

held by:

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

Minor's Name: _____

Petition Number: _____

Other Identifying Information: _____

I am

- Parent /Guardian of the named Juvenile
- Court-Appointed Special Advocate (CASA)
- Staff of Santa Clara County Victim Witness Assistance Center
- District Attorney
- 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 foregoing is true and correct.

Dated this _____ day of _____, 20____, at San Jose, California.

Signature: _____

Type or Print Name: _____