

(CONFIDENTIAL)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<i>FOR COURT USE ONLY</i>	
TELEPHONE NO.:	FAX NO. (Optional):		
EMAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO			
<input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123			
<input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081			
<input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN STREET, EL CAJON, CA 92020			
IN THE MATTER OF		JUDGE	
		DEPT	
A MINOR			
REQUEST AND ORDER FOR CONFIDENTIAL ADDRESS (CONFIDENTIAL)		CASE NUMBER	

APPLICANT'S FULL NAME: _____

DECLARATION:

I request my address be kept confidential in any document filed in this case because of the following fears, risks, and/or safety reasons:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature of Applicant

FINDINGS AND ORDER

The applicant, _____, has submitted a declaration stating to the court's satisfaction that the health, safety, freedom of movement, or physical or emotional well-being of the applicant or the applicant's child(ren) may be put unreasonably at risk by the disclosure of the applicant's address. Therefore, the address of the applicant, _____, shall not be disclosed in a pleading or other document filed in this case and shall only be listed as "CONFIDENTIAL."

The applicant's confidential address for the court's record is:

IT IS SO ORDERED.

Date: _____

Judge/Referee of the Superior Court