

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130, VISTA, CA 92081	
IN THE MATTER OF _____ <div style="text-align: right;">A MINOR</div>	
PETITION TO VIEW RECORDS AND/OR REQUEST FOR COPIES	CASE NUMBER _____

To request to view and/or obtain copies of juvenile case file records, complete and sign this form and attach a copy of your valid photo identification or driver license.

I petition the court for permission to inspect the above case file. My relationship to the case is _____

The reason for this petition is:

I also request the following copies be made:

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

Date: _____

Type or print name

Signature

IT IS SO ORDERED.

Petition to view is: Granted Denied

Request for copies is: Granted Denied

Date: _____

Judge/Referee of the Superior Court