

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 CENTRAL DIVISION, CIVIL, 330 W. BROADWAY, ROOM 225, SAN DIEGO, CA 92101	
APPLICATION OF _____	
APPLICATION FOR ORDER DECLARING INFORMATION ON AFFIDAVIT OF VOTER REGISTRATION CONFIDENTIAL AND ORDER	CASE NUMBER _____

Applicant applies for an order declaring the residence address, telephone number, and email address listed on applicant's affidavit of voter registration declared confidential and not a public record.

DECLARATION

I, _____, declare that in accordance with Elec. Code § 2166 a life threatening circumstance exists to me or a member of my household in that:

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 _____

ORDER

- The application is **GRANTED**. Good cause appearing, the San Diego County Registrar of Voters is **ORDERED** to keep confidential the residence address, telephone number, and email address information appearing on the affidavit of voter registration of applicant, _____, pursuant to Elec. Code § 2166.
- The application is **DENIED** for the following reason(s): _____

IT IS SO ORDERED.

Date: _____ Judge of the Superior Court _____