

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <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 _____	A MINOR
<b>SUPPLEMENTAL REQUEST FOR DISCLOSURE OF JUVENILE CASE FILE</b>	CASE NUMBER _____

My previous Welf. & Inst. Code § 827 disclosure request was granted on (date) \_\_\_\_\_. A copy of the order is attached.

As a de facto parent in a current juvenile dependency proceeding, I was the petitioner in the attached order.

Notice of this request  has been served on all parties. Proof of service (SDSC JV-569) is attached.  
 has not been served on all parties. Proof of service (SDSC JV-569) is attached.

Request for supplemental documents (be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Justification for request. Specify why requested records are needed and why they were not included in original request:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The new records will be used in:  Civil  Criminal  Juvenile case number: \_\_\_\_\_

Next hearing type and date: \_\_\_\_\_

Waiver of ten-day notice requirement is requested. Good cause for request is: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that release of any records will be subject to the terms of the previously-issued protective order.

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 of Petitioner/Attorney