

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER: _____	
DECLARATION AND APPLICATION FOR ACCESS TO JUVENILE COURT RECORDS	CASE NUMBER: _____

1. a. I declare that I am the

parent or guardian OR
 Court Appointed Special Advocate OR
 Deputy District Attorney OR
 Other (*specify*): _____
 of (*Specify minor's name*): _____

b. My name is:

My address is:

My telephone number is:

2. I am requesting inspection only OR inspection and copying of the following records (*specify*):

3. I understand that I may have to pay a reasonable fee for the cost of photocopying any requested documents.

4. I understand these records are confidential and can be used only for the purposes stated in this application.

5. I declare that the information in this application is true and correct and make this declaration under penalty of perjury under the laws of the State of California.

Date:

 SIGNATURE

 PRINT OR TYPE NAME