

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CHILD'S NAME:		CASE NUMBER:
PETITION TO OBTAIN REPORT OF LAW ENFORCEMENT AGENCY/JUVENILE Welfare and Institutions Code, § 828		RELATED CASES (<i>If any</i>):
1. Petitioner's name and address (<i>if representing another person, organization, or agency, provide names and addresses</i>):		
2. Petitioner's relationship to child (<i>if any</i>):		
3. Police department or law enforcement agency possessing records:	Orange County Sheriff's Department	
Report number: DR # _____	P.O. Box 449	
Santa Ana, CA 92702		
4. The reasons for this request are: (<i>Describe in detail. Attach additional pages if necessary.</i>)		
5. <input type="checkbox"/> The child has consented to the requested disclosure and the child's written consent is attached.		

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

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF PETITIONER)

_____ Number of pages attached

PETITION GRANTED PETITION DENIED
 ADDITIONAL ORDERS:

Date:

JUDICIAL OFFICER

