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| 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 CASE NUMBER: _____ |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 2215 Blue Gum Avenue, Room 15 CITY, STATE AND ZIP: Modesto, CA 95358 BRANCH: JUVENILE DIVISION | |
| PETITIONER/MINOR: _____ | |
| PETITION TO EXAMINE CONFIDENTIAL OR SEALED RECORDS | |

TO: The Honorable _____, Judge of the Superior Court
 I hereby petition the court to examine the following Confidential or Sealed records:

**DECLARATION IN SUPPORT OF PETITION TO EXAMINE
 CONFIDENTIAL OR SEALED RECORDS**

(Additional pages may be attached as needed)

Date

Signature

Please Print Name