

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
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		CASE NUMBER:

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 Print Name Signature

Number of pages attached: _____

☐ PETITION GRANTED ☐ PETITION DENIED

☐ ADDITIONAL ORDERS: _____

DATE

JUDGE OF THE SUPERIOR COURT