ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	-
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
CHILD'S NAME:	CASE NUMBER:
CHILD'S DATE OF BIRTH:	
	RELATED CASES (if any):
PETITION TO OBTAIN REPORT OF LAW ENFORCEMENT AGENCY	
1. Petitioner's name and address (if representing another person, organization, or agency, provide names and addresses):	
2. Petitioner's relationship to child (if any):	
2. Dalian dan arte and a law arte and a superior an	
Police department or law enforcement agency possessing records:	
Report number:	
4. The reasons for this request are:	
(Describe in detail. Attach additional pages if necessary.)	
Continued in Attachment 4.	
5. The Notice to Child and Parent/Guardian Re: Release of Juvenile Police Records and Objections (form JV-580) was served	
on the child or parent on (date):	
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