

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number if known:

Case Number:

① Your name: _____
 Relationship to child (if any): _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Telephone number: _____
 Lawyer (if any) (name, address, telephone numbers, and State Bar number): _____

- ② I was not able to provide notice of this petition to the following because I did not know their names or addresses. If this is a request for the case file of a living child, the clerk must serve a copy of the petition. If this is a request for the case file of a deceased child, the custodian of records must serve a copy of the petition.
- a. County counsel or other attorney representing the child welfare agency if petition filed under section 300
 - b. District attorney if petition filed under section 601 or 602
 - c. Child
 - d. Attorney of record for the child
 - e. Child's parent
 - f. Child's legal guardian
 - g. Probation department if petition filed under section 601 or 602
 - h. Child welfare agency/custodian of records if petition filed under section 300
 - i. Child's identified Indian tribe
 - j. Child's CASA volunteer

- ③ Copies of *Request for Disclosure of Juvenile Case File (JV-570)*, *Notice of Request for Disclosure of Juvenile Case File (JV-571)*, and a blank *Objection to Release of Juvenile Case File (JV-572)* have been placed in a sealed envelope with postage paid and deposited in the United States mail addressed to the following:
- a. County counsel or other attorney representing the child welfare agency if petition filed under section 300 (name and address): _____

- Date mailed: _____ or Personally served on (date): _____



Case Number: _____

Your name: _____

b. District attorney if petition filed under section 601 or 602 (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

c. Child (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

d. Attorney of record for the child (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

e. Child's parent (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

f. Child's parent (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

g. Child's legal guardian (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

h. Probation department if petition filed under section 601 or 602 (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

Case Number:

Your name: _____

i. Child welfare agency/custodian of records if petition filed under section 300 (*name and address*):

Date mailed: _____ or Personally served on (*date*): _____

j. The Indian child's tribal representative (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

k. The child's CASA volunteer (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

④ I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct. This means that if I lie on this form, I am guilty of a crime.

Date: _____

Type or print your name

Sign your name