

APPENDIX B. POLICE REPORT REQUEST FORM

POLICE REPORT REQUEST FORM

DATE: _____

JUDGE OF THE JUVENILE COURT

840 Guadalupe Parkway
San Jose, CA 95 110

NOTE: THIS FORM MUST BE
FILLED OUT IN DETAIL.
FAILURE TO DO SO MAY RESULT
IN YOUR REQUEST BEING
DENIED BY THE COURT.

I am requesting the permission of the Juvenile Court for a Santa Clara County Police Agency to release to me a police report in which a juvenile is named as a suspect or arrestee. I understand that this information is highly confidential and if my request is granted by the Court, I may not give a copy of the report to any other person not specifically authorized by the Juvenile Court to receive one.

Police Agency: _____

Police Report Number: _____

Type of Crime/Incident: _____

Ian-I: _____
Parent/Guardian
Of a named Juvenile
Victim
Relative
Other (specify:) _____

I will use this information for:
_____ Insurance
_____ court
_____ Other (specify:) _____

The following is a detailed description of the crime/incident in question: _____

I declare under penalty of perjury the foregoing is true and correct.

Dated this _____ day of _____, 19__ at San Jose, California.

(Address)

(Signature)

(Telephone)

(Print or Type Name)

A STAMPED, SELF-ADDRESSED ENVELOPE IS ENCLOSED.

Approved (Denied ()

Judge of the Juvenile Court