

APPENDIX C. APPLICATION FOR JUVENILE COURT RECORDS

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SANTA CLARA
JUVENILE DIVISION**

DATE: _____

**APPLICATION FOR
JUVENILE COURT RECORDS**

I am requesting access to ____ copies of the following record(s) held by the County Clerk,
Juvenile Division:

Minor's Name: _____

Petition Number: _____

Other Identifying Information: _____

I am:

- ___ Parent/Guardian of the named juvenile
- ___ Court-Appointed Special Advocate (CASA)
- ___ Staff of Santa Clara Victim Witness Assistance Center
- ___ District Attorney
- ___ Sixth Appellate District Program Member
- ___ Victim-Offender Mediation Program Member
- ___ Other Specify: _____

Address: _____

I will use this information for the following purpose(s):

I understand these records are confidential and can be used only for the purposes stated herein.

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

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

Signature: _____

Type or print name: _____

If I do not pick up the requested copies personally, a self-addressed, stamped envelope is attached.