

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	<b>FOR COURT USE ONLY</b>
ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: 201 CENTRE PLAZA DRJVE, ROOM 2700 MAILING ADDRESS: CITY AND ZIP CODE: MONTEREY PARK, CALIFORNIA 91754 BRANCH NAME: JUVENILE DEPENDENCY	
<b>CASE NAME:</b>	
<b>PETITION TO SEAL JUVENILE RECORDS DEPENDENCY (389 WIC)</b>	CASE NUMBER: Jai NUMBER:

NAME of PETITIONER (specify aliases):	SEX:	BIRTHPLACE:	DATE of BIRTH:
	IAOE: 1	1	I
ADDRESS:	SOCIAL SECURITY NUMBER:	DRIVER'S LICENSE NUMBER:	
DAYTIME TELEPHONE: ( )	MOTHER'S FIRST, LAST & MAIDEN NAME: I		

Petitioner prays that an order be made sealing all records, papers and exhibits in petitioners case in the custody of the Juvenile Court, including the Juvenile Court record, minute book entries, and entries on dockets, and other records relating to the case in the custody of such other agencies and officials named herein:

RECORD	DATE	AGENCY/OFFICIAL	ADDRESS	COUNTY
1				
2				
3				
4				
5				
6				
7				

Since Termination of Jurisdiction in your Dependency case, have you (the Petitioner) been convicted of any Felony or Misdemeanor?    YES    NO  
 If the answer is yes, list all Felony and Misdemeanor convictions including the date; arresting agency; county; and disposition:

Is there any pending civil litigation directly relating to or arising from the Dependency case that caused your juvenile records to be created?    YES    NO  
 If the answer is yes, list the name of the case, the case number and the court address where the matter is being heard.

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SIGNATURE OF PETITIONER DATE

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