

SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES	Reserved for Clerk's File Stamp
COURTHOUSE ADDRESS:	
PLAINTIFF/PETITIONER:	
RESPONDENT:	
REQUEST AND ORDER TO VIEW OR RECEIVE A COPY OF MENTAL HEALTH CASE FILE	CASE NUMBER:

_____	_____
DATE OF REQUEST	IDENTIFICATION NUMBER (VERIFIED)
_____	_____
REQUESTOR'S NAME	REQUESTOR'S TELEPHONE NUMBER
_____	_____
REQUESTOR'S ADDRESS	CITY STATE ZIP CODE

I am requesting to view and/or receive a copy of the case file for the following reason(s):

-----FOR COURT USE ONLY-----

GRANTED DENIED

REASON:

DATE

JUDGE OF THE SUPERIOR COURT