NAME, ADDRESS AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	*Reserved for Clerk's File Stamp*
ATTORNEY FOR (NAME): EMAIL:		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

COURT HOUSE ADDRESS:

PETITIONER / PLAINTIFF

RESPONDENT / DEFENDANT

OTHER

Parentage Action **Request to Inspect and Copy**	CASE NUMBER:

Pursuant to Family Code section 7643, I am requesting to inspect and/or obtain copies of documents that are part of the permanent record of the court contained in the above-entitled parentage action.

Information of person making the request to inspect and/or copy if not a party to the action: (Please print)

Name: _____

Status: ☐ Attorney for: ☐ Petitioner ☐ Respondent

☐ Agent for: _____

Address: _____ Telephone: (___)_____

Person authorizing the request to inspect and/or copy documents in the court file: (Please print)

Name: _____

Status: ☐ Party ☐ Attorney for: ☐ Petitioner ☐ Respondent

Address: _____ Telephone: (___)_____

☐ I have obtained the consent of the party to this action to authorize an agent to inspect the permanent record.

I declare under penalty of perjury under the laws of the State of California that I am a party or attorney of record authorized to allow the above-mentioned requestor to inspect and/or copy documents in the above-entitled parentage action, pursuant to Family Code section 7643.

Date: _____ Signature: _____

_____

FOR COURT USE ONLY

I have verified the requesting party's identification prior to releasing the court file.

DAVID W. SLAYTON, Executive Officer/Clerk of Court

Date: _____ By: _____

Deputy Clerk