

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
ORDER TO SEAL JUVENILE RECORDS	CASE NUMBER:

1. Name of petitioner (*specify aliases*): _____ Date of birth: _____
 2. a. Date of hearing: _____ Dept.: _____ Room: _____
 b. Judicial officer (name): _____

3. The court has read and considered the petition and the report of the probation officer.

4. The petition is
 a. Granted. _____ b. Denied

THE COURT ORDERS

5. The sealing of petitioner's juvenile records in the custody of this court and the courts, agencies, and officials named below (*designate county*):

See attachment (A) for additional names.

All records sealed shall be destroyed according to Welfare and Institutions Code sections 389(c) and 781(d).

6. Petitioner is relieved from the registration requirements under Penal Code section 290 and the registration information in the custody of the Department of Justice and other agencies and officials listed above shall be destroyed.

7. The clerk shall send a certified copy of this order to the clerk in each county in which a record is ordered sealed, and a copy to each agency and official listed above.

Date: _____ _____
JUDICIAL OFFICER OF THE SUPERIOR COURT

CLERK'S CERTIFICATE



I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy