

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number if known.

**Case Number:**

① Your name: \_\_\_\_\_  
 Relationship to child (if any): \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Lawyer (if any) (name, address, telephone numbers, and State Bar number): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- ②  I was not able to provide notice of this petition to the following because I did not know their names or addresses. If this is a request for the case file of a living child, the clerk must serve a copy of the petition. If this is a request for the case file of a deceased child, the custodian of records must serve a copy of the petition.
- a.  County counsel or other attorney representing the child welfare agency if petition filed under section 300
  - b.  District attorney if petition filed under section 601 or 602
  - c.  Child
  - d.  Attorney of record for the child
  - e.  Child’s parent
  - f.  Child’s legal guardian
  - g.  Probation department if petition filed under section 601 or 602
  - h.  Child welfare agency/custodian of records if petition filed under section 300
  - i.  Child’s identified Indian tribe
  - j.  Child’s CASA volunteer

③ If you checked box 2a, 2b, 2g, or 2h, describe the efforts made to locate those addresses and explain why you are unable to locate the addresses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

④  Copies of *Petition for Access to Juvenile Case File (JV-570)*, *Notice of Petition for Access to Juvenile Case File (JV-571)*, and a blank *Objection to Release of Juvenile Case File (JV-572)* have been served personally or placed in a sealed envelope with postage paid and deposited in the United States mail addressed to the following:

- a.  County counsel or other attorney representing the child welfare agency if petition filed under section 300 (name and address): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (date): \_\_\_\_\_

|              |
|--------------|
| Case Number: |
|--------------|

Your name: \_\_\_\_\_

4 b.  District attorney if petition filed under section 601 or 602 (*name and address*): \_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

c.  Child (*name and address*): \_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

d.  Attorney of record for the child (*name and address*): \_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

e.  Child's parent (*name and address*): \_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

f.  Child's parent (*name and address*): \_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

g.  Child's legal guardian (*name and address*): \_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

h.  Probation department if petition filed under section 601 or 602 (*name and address*): \_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_



Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

i.  Child welfare agency/custodian of records if petition filed under section 300 (*name and address*):  
\_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

j.  The Indian child's tribal representative (*name and address*):  
\_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

k.  The child's CASA volunteer (*name and address*):  
\_\_\_\_\_  
\_\_\_\_\_

Date mailed: \_\_\_\_\_ or  Personally served on (*date*): \_\_\_\_\_

5 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct. This means that if I lie on this form, I may be guilty of a crime.

Date:

\_\_\_\_\_  
*Type or print your name*



\_\_\_\_\_  
*Sign your name*

