JV-569

Proof of Service—Petition for Access to Juvenile Delinquency Case File or a Living Child's Juvenile Dependency Case File

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 a. Your Name:

Relationship to child *(if any):*

Your Lawyer *(if you have one for this case):*

Name: State Bar No.:

Firm Name:

b. Your Address *(If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or email.)*

Address:

City: State: Zip:

Telephone: Fax:

Email Address:

2 ☐ I was not able to provide notice of this petition to the following because I did not know their names or addresses. The clerk must serve a copy of the petition.

a. ☐ County counsel or other attorney representing the child welfare agency if petition filed under Welfare and Institutions Code section 300
b. ☐ District attorney if petition filed under Welfare and Institutions Code section 601 or 602
c. ☐ Child if the child is 10 years of age or older
d. ☐ Attorney of record for the child
e. ☐ Child's parent
f. ☐ Child's legal guardian
g. ☐ Probation department if petition filed under Welfare and Institutions Code section 601 or 602
h. ☐ Child welfare agency/custodian of records if petition filed under Welfare and Institutions Code section 300
i ☐ Child's identified Indian tribe
j. ☐ Child's CASA volunteer
k. ☐ An individual with an interest protected by another state or federal law prohibiting or limiting the release of the juvenile case file or any portions thereof under Welfare and Institutions Code section 827(a)(3)
l. ☐ The attorney of record or legal representative of the individual protected under Welfare and Institutions Code section 827(a)(3)

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:

Your name: _____

Case Number:

4 ☐ Copies of *Petition for Access to Juvenile Delinquency Case File or a Living Child's Juvenile Dependency Case File* (JV-570), *Notice of Petition for Access to Juvenile Delinquency Case File or a Living Child's Juvenile Dependency Case File* (JV-571), and a blank *Objection to Release of Juvenile Delinquency Case File or a Living Child's Juvenile Dependency 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 Welfare and Institutions Code section 300 *(name and address):* _____

☐ Date mailed: _____ or ☐ Personally served on *(date):* _____

b. ☐ District attorney if petition filed under Welfare and Institutions Code section 601 or 602 *(name and address):*

☐ Date mailed: _____ or ☐ Personally served on *(date):* _____

c. ☐ Child if the child is 10 years of age or older *(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 Welfare and Institutions Code section 601 or 602 *(name and address):* _____

☐ Date mailed: _____ or ☐ Personally served on *(date):* _____

Your name: _____

Case Number:

4 i. ☐ Child welfare agency/custodian of records if petition filed under Welfare and Institutions Code 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):* _____

l. ☐ Anyone with an interest protected by another state or federal law prohibiting or limiting the release of the juvenile case file or any portions thereof under Welfare and Institutions Code section 827(a)(3) *(name and address):* _____

_____

_____

☐ Date mailed: _____ or ☐ Personally served on *(date):* _____

m. ☐ The attorney of record or legal representative of the individual protected under Welfare and Institutions Code section 827(a)(3) *(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 found guilty of a crime.

Date: _____

_____ ▶ _____

Type or print your name *Sign your name*

For your protection and privacy, please press the Clear button after you have printed the form.

Print Save Clear