

Attorney or Party Without An Attorney (Name, State Bar No. & Address) Telephone:	<i>FOR COURT USE ONLY</i>
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY, STATE ZIP: DISTRICT NAME:	
IN THE NAME CHANGE OF:	
DECLARATION OF PETITIONER AND REQUEST FOR RECORDS CHECK (APPLICANT/PETITIONER THE AGE OF 14 OR OLDER)	CASE NUMBER

I, _____, declare under penalty of perjury that I am not under the jurisdiction of the Department of Corrections nor am I required to register as a sex offender pursuant to Section 290 of the Penal Code.

Date: _____
 (Sign Your Name Here), Petitioner

TO: CLETS Operator for _____ District.

REQUEST FOR CRIMINAL RECORDS CHECK

Pursuant to CCP 1279.5. Please conduct a criminal records check for the following individual:

CLETS CJIS

Applicant Name: _____

Date of Birth: _____ SSN: _____

MALE FEMALE

Please forward results to the Civil Calendar Department at the above district.

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