C O N F I D E N T I A L

NAME, ADDRESS, TELEPHONE NUMBER AND E-MAIL ADDRESS OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	For Court Use Only
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
NAME OF PETITIONER:		
NAME CHANGE **CRIMINAL HISTORY ASSESSMENT**	CASE NUMBER:	
	COURT DATE:	

TO BE COMPLETED BY THE PETITIONER:

Sex	Race/Ethnicity	Date of Birth	Age	Social Security	Driver's License or ID / State
Place of Birth		Current Address			Other name(s) used

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and correct.

Date _____ Signature _____

TO BE COMPLETED BY THE CLERK:

☐ Based on the information provided, the identity of the Petitioner cannot be verified.

☐ Based on a JDIC/CLETS automated search by name and the date of birth provided, no arrest, conviction, or warrant has been found.

☐ There is no hit on the sex/arson registration as indicated in the attachment; Petitioner is not required to register as a sex offender.

OR

☐ There is a hit on the sex/arson registration as indicated in the attachment; Petitioner is required to register as a sex offender under Penal Code section 290.

☐ Comments: _____

_____

Date: _____ By: _____

Deputy Clerk