

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