

Proof of Service—Petition for Access to Juvenile 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 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. 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 am guilty of a crime.

Date:

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



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