

ATTORNEY OR PARTY WITHOUT (Name, State Bar Number, and address): Telephone No.: _____ Fax No. (Optional): _____ ATTORNEY FOR (Name): _____ Bar No.: _____	<i>COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME	
IN RE THE NAME CHANGE OF:	
DECLARATION OF PETITIONER AND REQUEST FOR RECORDS CHECK (PETITIONER OVER AGE 18 ONLY)	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.

Dated: _____
_____ 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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 (PETITIONER OVER AGE 18 ONLY)