

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ <input type="checkbox"/> <input type="checkbox"/>	FOR COURT USE ONLY
CHILD'S NAME: CHILD'S DATE OF BIRTH:	CASE NUMBER:
	RELATED CASES (If any):

NOTICE TO CHILD AND PARENT/GUARDIAN

TO (name):

1. Please take notice that a copy of your juvenile police records is being sought by (name):
2. The requested records are described in the attached *Petition to Obtain Report of Law Enforcement Agency/Juvenile (JV-575)*.

WARNING: If your objection is not received by the Juvenile Delinquency Court before the date specified in item 3, your records may be produced or otherwise be made available to the persons or entities listed in item 1.

Date:



(SIGNATURE OF REQUESTING PERSON)

OBJECTION TO RELEASE OF RECORDS

Objections to the release of the records described in the attached *Petition to Obtain Report of Delinquency Court/Juvenile (JV-575)* must be sent to the Juvenile Delinquency Court.

1. I object to the production of my juvenile police records to the person or entity specified above.
2. I object only to the production of the following specified records:

Date:



(SIGNATURE OF OBJECTING PERSON)

**NOTICE TO CHILD AND PARENT/GUARDIAN RE:
RELEASE OF JUVENILE POLICE RECORDS AND OBJECTION**