

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>NOTICE TO CHILD AND PARENT/GUARDIAN                  RE: RELEASE OF JUVENILE POLICE RECORDS AND OBJECTION</b>	CASE NUMBER:

**NOTICE TO CHILD AND PARENT/GUARDIAN**

**TO (names):**

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)* (form JV-575).
  
3. If you object to the disclosure of these records, you must do one of the following before the date specified in item a or b below:
  - a. If this notice was served on you by mail or confirmed fax, you must submit your objection to the law enforcement agency in possession of the records within 20 days of the date you receive this notice.
  - b. If this notice was served on you by personal service, you must submit your objection to the law enforcement agency in possession of the records within 15 days of the date you receive this notice.

**WARNING:** If your objection is not received by the law enforcement agency in possession of the records before the date specified in item 3, your records may be produced or otherwise be made available to the person or entity listed in item 1.

Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

(TYPE OR PRINT NAME) (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 Law Enforcement Agency (Juvenile)* (form JV-575) must be sent to the originating law enforcement agency.

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: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE OF OBJECTING PERSON)