## REQUEST FOR RELEASE OF JUVENILE INFORMATION

Juvenile Records are confidential under state and local law. In order to obtain information regarding a juvenile case you must file a

formal request with the Contra Costa County Juvenile Court. Your interest in case: Your Name [ ] Victim [ ] Parent/Guardian of Victim Your Address Victim's Name [ ] Insurance Company Representing Victim's Name Business You Represent (if applicable) [ ] Attorney Representing Victim Your Phone Number Victim's Name [ ] Other (Specify):\_\_\_\_\_ I hereby request the release of the police report, including the juvenile suspect's name and address, relating to the crime of: \_ which occurred on \_ (police report number) I was the victim in this case or represent the victim, and I need this information in order to seek restitution from the [ ] suspect and/or his/her parents through the filing of a claim or civil suit. [ ] I am seeking this information for other reasons (specify): \_ I UNDERSTAND AND AGREE THAT THIS INFORMATION, IF RELEASED TO ME, WILL ONLY BE USED TO SEEK, IN A LEGAL MANNER, RESTITUTION FOR DAMAGES I OR THE VICTIM MAY HAVE SUFFERED, OR FOR THE OTHER PURPOSES SET FORTH ABOVE. I WILL NOT RELEASE THIS INFORMATION, NOR USE IT, FOR ANY OTHER PURPOSE. I UNDERSTAND THAT IF SUCH INFORMATION IS RELEASED TO ME, I MAY BE BILLED BY THE APPROPRIATE AGENCY FOR COPYING COSTS IN THE FUTURE. Signed under Penalty of Perjury Signature - Police Department (Witness) Print Name [ ] Information RELEASED Information NOT RELEASED ANTIOCH POLICE DEPARTMENT 300 L STREET ANTIOC H, CA 94509-1100 Date Signed - Judge of the Juvenile Court

Mail completed and witnessed form and police report to: Judge of the Juvenile Court, Superior Court, P.O. Box 911, Martinez, CA 94553. The Juvenile Court Judge will mail out whatever information he/she deems appropriate to release and will (1) keep copy of this form for his/her records (2) return a copy of this form to you advising you of the action taken. (Juv Release 10/06/10 sah)