LOS ANGELES COUNTY PROBATION DEPARTMENT
Pretrial Services Division

1. and 2. To be completed by Petitioner

1.

Name Change Criminal History Assessment	*For Court Use Only* Clear Form Data

Name of Petitioner _____	Court District(e.g., Central, East, West) _____	Case Filing #_____ Court Date:_____

2.

Sex	Race/Ethnicity	Date of Birth	Age	Social Security Number	Driver License or ID
____	_____	_____	____	_____	_____

Place of Birth	Current Address	Other name(s) used
_____	_____ _____	_____ _____

To be completed by County Probation Department (CCP 1279.5): PTD Application No._____

An automated search of the criminal history information data systems reveals the following:

3. ( ) Petitioner is a registered sex offender.

( ) Petitioner is not a registered sex offender.

and/or

( ) Petitioner is under the Jurisdiction of the Department of Corrections.

( ) Petitioner is not under the Jurisdiction of the Department of Corrections.

4. ( ) Petitioner unable to be identified.

( ) Comments: _____

_____

_____

Date:___/___/____ By:_____, INVESTIGATOR
(213) 974-5844