

C O N F I D E N T I A L

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: (Person submitting the application)	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES		
COURTHOUSE ADDRESS:		
NAME OF PETITIONER (Person having the name change):		
NAME CHANGE CRIMINAL HISTORY ASSESSMENT		CASE NUMBER:
		COURT DATE:

Sex	Race/Ethnicity	Date of Birth	Age	Social Security	Driver's License or ID
Place of Birth		Current Address		Other name(s) used	

PETITIONER: Please complete the top portion of the form.

PROBATION DEPARTMENT: Please complete the bottom portion of the form:

PTD Application No. _____

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

Petitioner unable to be identified.

Petitioner is required to register as a sex offender pursuant to Section 290 of the Penal Code.

OR

Petitioner is not a registered sex offender.

Comments: _____

Date: _____ By: _____

INVESTIGATOR / AIDE
PROBATION DEPARTMENT PRETRIAL SERVICES DIVISION
(213) 974-5821