

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: <small>(Person submitting the application)</small>	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):		CASE NUMBER:
NAME CHANGE CRIMINAL HISTORY ASSESSMENT		COURT DATE:

Top portion of the form above and number one (1) below to be completed by Petitioner.

1.

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

Number (2) below to be completed by County Probation Department (Code Civ. Proc., § 1279.5):

2.

PTD Application No. _____

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

<input type="checkbox"/> Petitioner <u>is</u> a registered sex offender.	<input type="checkbox"/> Petitioner <u>is not</u> a registered sex offender.
and/or	
<input type="checkbox"/> Petitioner <u>is</u> under the Jurisdiction of the Department of Corrections.	<input type="checkbox"/> Petitioner <u>is not</u> under the Jurisdiction of the Department of Corrections.
<input type="checkbox"/> Petitioner unable to be identified.	
<input type="checkbox"/> Comments: _____	

Date: _____

By: _____

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