

# 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):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>		
COURTHOUSE ADDRESS:		
NAME OF PETITIONER (Person having the name change):		CASE NUMBER:
<b>NAME CHANGE CRIMINAL HISTORY ASSESSMENT</b>		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.
<b>and/or</b>	
<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