

Superior Court of California County of Orange, Lamoreaux Justice Center

Juvenile Court, Attention Juvenile Records
341 The City Drive South, Suite # 207
Orange CA 92868-3205
Phone: (657) 622-6878

Request for Release of Juvenile Court Records Information Sheet – JV-570 Request for Disclosure of Juvenile Case File (Welfare & Institutions Code section 827 and California Rules of Court, rule 5.552) *(Hyperlinks to relevant forms and/or websites are underlined and in blue print.)*

Juvenile records are confidential pursuant to WIC § 827. Generally, if you would like to review or obtain copies of a juvenile case file, you are required to ask the juvenile court for permission.

Step One: *Fill out your request.*

Fill out form [JV-570](#) (*Request for Disclosure of Juvenile Case File*). You may print legibly in black ink, type on the form, or fill it out online. Indicate what records you are requesting, why you believe the records exist, how you intend to use them and why the records are relevant to the purpose for which you intend to use them.

Step Two: *Determine who needs to be notified of your request.*

You cannot request records without notifying other persons or agencies that have a right to know about your request. You can find guidance on who should be served and under what circumstances in Section 3 of form [JV-569](#) (*Proof of Service - Request for Disclosure*). Complete the name and address of each person and agency that is entitled to service. If you are unaware of an individual's address, you may reflect that information in Section 2 of the form. If you are required to serve an agency in Orange County, this packet contains a list of common agency addresses. You should be able to obtain other agency addresses not listed, either online or in a phone book. For each person and agency whose names you listed in Section 3, prepare a copy of form [JV-571](#) (*Notice of Request for Disclosure of Juvenile Case File*). Blank forms [JV-570](#), [JV-569](#), [JV-571](#) and [JV-572](#) are also located on the Court's public website at: <http://www.occourts.org/forms/formslocal.html> under L-0452 Packet - Request for Order to Inspect Juvenile Case File.

Step Three: *Prepare for mailing.*

At least 10 days before you submit your request to the court, you must mail copies of each of the following four forms to all persons and agencies whose names you listed in Section 3 of form [JV-569](#):

- Completed form [JV-570](#) (*Request for Disclosure of Juvenile Case File*)
- Completed form [JV-569](#) (*Proof of Service-Request for Disclosure*)
- Completed form [JV-571](#) (*Notice of Request for Disclosure of Juvenile Case File*)
- Blank form [JV-572](#) (*Objection to Release of Juvenile Case File*)

PLEASE NOTE: Retain a copy of all forms for yourself and submit all **original** forms to the court.

Step Four: *Submit your request.*

After you have served all persons and agencies with their copies and retained a copy for yourself, submit the **original** forms ([JV-570](#), [JV-569](#), [JV-571](#) and [JV-572](#)) to the court. You may do this in person at the Juvenile Court Clerk's Office, Room 207, on the 2nd Floor of the Lamoreaux Justice Center; or you may mail your request to the address listed at the top of this page.

Step Five: *Wait for the court's response.*

The court will contact you by mail as to the status of your request within ten to twelve weeks. The court may either deny or approve your request or ask you for additional information. In some cases, the court may set your request for a hearing. If your request is approved, you will receive two certified copies of the approval order. Section 3-b of the order will provide instructions on how to obtain access to the records.

Addresses for Agencies within Orange County

Public Defender
341 The City Dr. South #307
Orange CA 92868-3205

District Attorney
341 The City Dr. South #407
Orange CA 92868-3205

County Counsel
341 The City Dr. South #106
Orange CA 92868-3205

Probation Department
PO Box 10260
Santa Ana CA 92711-0260

Juvenile Hall
331 The City Dr. South Room A135D
Orange CA 92868-3205

Juvenile Defenders
600 S Main St., Ste 900
Orange CA 92868-4607

Law Offices of J. Michael Hughes
333 City Blvd West Ste 1700
Orange CA 92868-5905

Law Offices of Harold La Flamme
2140 W Chapman Ave. Ste 109
Orange CA 92868-2331

Orange County Social Services Agency
Attn: Custodian of Records
500 N. State College Blvd.
Orange, CA 92868

PLEASE NOTE: This information sheet/packet contains only “**SAMPLE**” forms. Blank forms can be located on the Court’s public website by clicking [HERE](#). You will then select “Juvenile” and L-0452 Packet – Request for Order to Inspect Juvenile Case File. **REQUIRED FORMS ARE MARKED WITH A RED ASTERISK (*).**

Further instructions can be found on the reverse side of this form.

JV-570 Request for Disclosure of Juvenile Case File

Clerk stamps date here when form is filed.

Empty box for clerk stamping date.

Fill in court name and street address:

Superior Court of California, County of

Fill in name and address of the court to whom you are making the request. Note: This field may be pre-populated.

Fill in case number if known:

Case Number:

Provide the case number or write "do not know"

If you are requesting a court order to obtain the juvenile case file of a child who is alive, fill out all items on this form, and file it with the court. You must also fill out and file Proof of Service—Request for Disclosure (form JV-569).

If you are a member of the public requesting the juvenile case file of a child who is deceased, you can:

a. Fill out items 1–4 and 7 on this form and file it with the court. You must then provide a copy of this form to the Custodian of Records of the county child welfare agency, who will then provide notice of this request.

Or

b. Do not complete the form and request the juvenile case file from the child welfare agency under Welfare and Institutions Code section 10850.4.

1 Your name: _____
Relationship to child (if any): _____
Street address: _____
City: _____ State: _____ Zip: _____
Telephone number: _____
Lawyer (if any) (name, address, telephone numbers, and State Bar number): _____

Item 1 REQUIRED - Provide the name, address and telephone number of the person requesting records.

Attorneys must provide bar number

2 Name of child (if known): _____

Item 2 REQUIRED - Full name of child whose records are being sought.

3 Child's date of birth (if known): _____

Provide date of birth or state "do not know"

4 a. A petition regarding the child in 2 has been filed under
 Welfare and Institutions Code section 300
 Welfare and Institutions Code section 601
 Welfare and Institutions Code section 602 or

State known cases or state "do not know"

b. I believe the child in 2 died as a result of abuse or neglect. Approximate date of death: _____
If you checked box b, you may skip items 5 and 6.

Note: You must provide a copy of this form to all interested parties if you know their names and addresses.



Case Number: _____

Your name: Must be completed

5 The records I want are: *(Describe in detail. Attach more pages if you need more space.)*

Item 5 REQUIRED - State in detail the exact records you are requesting and the reason you believe these records exist. If you do not know exactly the records you want, state the type of records you are requesting. State whether you want to a) look at the records or b) receive copies of the records or c) want to disclose them to other persons.

Continued on Attachment 5.

If you need these records for another court case, include the court, case number and future hearing date.

6 The reasons for this request are:

- a. Civil court case pending in *(name of county)*: _____
Case number: _____ Hearing date: _____
- b. Criminal court case pending in *(name of county)*: _____
Case number: _____ Hearing date: _____
- c. Juvenile court case pending in *(name of county)*: _____
Case number: _____ Hearing date: _____
- d. Other *(specify)*: _____
Case number: _____ Hearing date: _____

7 I need the records because: *(Describe in detail. Attach more pages if you need more space.)*

Item 7 REQUIRED - State in detail the reasons you are requesting the records and why the records are relevant to your request. If you need these records for another court case, you must complete item 6 and 7, stating the issues, allegations or dispute in the other case that the child's records will be used to address.

Continued on Attachment 7.

8 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct. This means that if I lie on this form, I am guilty of a crime.

Date: _____

REQUIRED: Completed form must be signed and dated.

Type or print your name



Sign your name

Clerk stamps date here when form is filed.

Fill in court name and street address:
Superior Court of California, County of

Fill in case number if known:
Case Number:

1 Your name: _____
 Relationship to child (if any): _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Telephone number: _____
 Lawyer (if any) (name, address, telephone numbers, and State Bar number): _____

Item 1 REQUIRED:
 Provide the name, address and phone number of the person requesting records and their relationship to the child.
 Attorneys must provide bar identification number.

- 2 I was not able to provide notice of this petition to the following because I did not know their names or addresses. If this is a request for the case file of a living child, the clerk must serve a copy of the petition. If this is a request for the case file of a deceased child, the custodian of records must serve a copy of the petition.
- a. County counsel or other attorney representing the child welfare agency if petition filed under section 300
 - b. District attorney if petition filed under section 601 or 602
 - c. Child
 - d. Attorney of record for the child
 - e. Child's parent
 - f. Child's legal guardian
 - g. Probation department if petition filed under section 601 or 602
 - h. Child welfare agency/custodian of records if petition filed under section 300
 - i. Child's identified Indian tribe
 - j. Child's CASA volunteer

Item 2 REQUIRED:
 Check boxes a-j if you do not know their name or address, or do not know if they participated in the child's case.

3 Copies of *Request for Disclosure of Juvenile Case File (JV-570)*, *Notice of Request for Disclosure of Juvenile Case File (JV-571)*, and a blank *Objection to Release of Juvenile Case File (JV-572)* have been placed in a sealed envelope with postage paid and deposited in the United States mail addressed to the following:

- a. County counsel or other attorney representing the child welfare agency if petition filed under section 300 (name and address): _____

Date mailed: _____ or Personally served on (date): _____

Item 3 REQUIRED:
 You must notify other persons, agencies or organizations by mailing 3 forms to each one: The JV-570, JV-571 and JV-572.
 State the name, address and the date mailed or personally served

Case Number: _____

Your name: **Required: Your name** _____

b. District attorney if petition filed under section 601 or 602 (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

c. Child (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

d. Attorney of record for the child (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

e. Child's parent (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

f. Child's parent (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

g. Child's legal guardian (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____

h. Probation department if petition filed under section 601 or 602 (*name and address*): _____

Date mailed: _____ or Personally served on (*date*): _____



Case Number: _____

Your name: _____

i. Child welfare agency/custodian of records if petition filed under section 300 (name and address):

 Date mailed: _____ or Personally served on (date): _____

j. The Indian child's tribal representative (name and address):

 Date mailed: _____ or Personally served on (date): _____

k. The child's CASA volunteer (name and address):

 Date mailed: _____ or Personally served on (date): _____

4 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct. This means that if I lie on this form, I am guilty of a crime.

Date: _____

Type or print your name

Sign your name

← Item 4 REQUIRED:
You must date the form, type or print your name, and sign the form.

