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 LASSEN		
COURTHOUSE ADDRESS:		
NAME OF PETITIONER (Person having the name change):		
NAME CHANGE **CRIMINAL HISTORY ASSESSMENT**		CASE NUMBER: 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 Lassen County Sheriff Department (Code Civ. Proc,1279.5):

2.

PTD Application No._____

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

☐ 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.

☐ Petitioner unable to be identified.

☐ Comments:_____

_____

_____

_____

Date:_____ By: _____

INVESTIGATOR / AIDE
Lassen County Sheriff Department
(530)-257-6121

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Clear