

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address) State Bar No. TELEPHONE NO. FAX NO. (OPTIONAL) ATTORNEY FOR:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN 2610 Riverside Drive, Susanville, CA 96130	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
NAME CHANGE CRIMINAL HISTORY ASSESSMENT	CASE NUMBER:

Top portion of the form 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 two (2) below to be completed by Lassen County Sheriff Department (Code of Civil 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.	and/or	<input type="checkbox"/> Petitioner <u>is not</u> a registered sex offender.
<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: _____		

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