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:

☐ Petitioner is a registered sex offender.

☐ Petitioner is under the Jurisdiction of the Department of Corrections.

and/or

☐ Petitioner is not a registered sex offender.

☐ Petitioner is not under the Jurisdiction of the Department of Corrections.

☐ Petitioner unable to be identified

☐ Comments: _____

_____

_____

_____

_____ _____

DATED

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