

# 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.		FOR COURT USE ONLY
TELEPHONE NO. FAX NO. (OPTIONAL)		
ATTORNEY FOR:		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LASSEN</b> 2610 Riverside Drive, Susanville, CA 96130		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
<b>NAME CHANGE CRIMINAL HISTORY ASSESSMENT</b>		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.	<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