ATTORNEY OR PARTY WITHOUT ATTORNEY		FOR COURT USE ONLY
NAME:	STATE BAR NO:	
FIRM NAME:		
ADDRESS:		
CITY:	STATE: ZIP CODE:	
E-MAIL ADDRESS (OPTIONAL):	TELEPHONE NO:	
ATTORNEY FOR (NAME):	FAX NO. (OPTIONAL):	
SUPERIOR COURT OF CALIFOR Monterey Division 1200 Aguajito Road Monterey, California 93940	NIA, COUNTY OF MONTEREY	
PLAINTIFF/PETITIONER:		
DEFENDANT/RESPONDENT:		
	CONFIDENTIAL OR SEALED RECORDS	CASE NUMBER:
TO: The Honorable	, Judge of the Su	perior Court.
	examine the following Confidential or Sealed	
DECLARATION IN	SUPPORT OF PETITION TO EXAMINE CO	DNFIDENTIAL
(Add	ditional pages may be attached as needed)	
Date	Signature	
	Please Print Nam	ne