

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF: _____	
ORDER ON PETITION FOR BIRTH RECORD INFORMATION	CASE NUMBER: _____

After reviewing the verified petition and the records provided by California Department of Social Services, the court finds good and compelling cause is shown to grant the following orders:

The clerk is ordered to furnish Petitioner with a copy of the following documents, upon payment of any fees required by law: _____

The clerk is ordered to permit Petitioner to examine the following records: _____

Date: _____

 Judicial Officer of the Superior Court