

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

INDIO 46-200 Oasis St., Indio, CA 92201
 MURRIETA 30755-G Auld Rd., Murrieta, CA 92563

RIVERSIDE 9991 County Farm Rd., Riverside, CA 92503

RI-JV013

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)		FOR COURT USE ONLY
TELEPHONE NO.: _____	FAX NO. (Optional): _____	
E-MAIL ADDRESS (<i>Optional</i>): _____		
ATTORNEY FOR (<i>Name</i>): _____		
IN THE MATTER OF:		CASE NUMBER:
Hearing Date: _____	Time: _____	Department: _____
NOTICE OF HEARING (781 W&I Code)		

To: District Attorney, County of Riverside, 9991 County Farm Rd., Riverside, CA 92503
 Probation Officer, County of Riverside, 9889 County Farm Rd., Riverside, CA 92503
 District Attorney, County of Riverside, 46-209 Oasis St., Indio, CA 92201
 Probation Officer, County of Riverside, 47-671 Oasis St., Indio, CA 92201

NOTICE IS HEREBY GIVEN THAT: _____ has filed a petition for sealing records of the above-named pursuant to Section 781 of the Welfare and Institutions Code, and the hearing thereon has been set for _____ at _____ a.m., in Dept. _____ of the _____ Courthouse in _____, California.

Dated: _____ .

Attachment: _____ **CLERK OF THE COURT**

By: _____, Deputy

CLERK'S CERTIFICATE OF MAILING

I, _____, Deputy Clerk, Superior Court of California, County of Riverside, do hereby certify that I am not a party to the within action or proceeding; that I served a copy of the NOTICE OF HEARING (781 W&I Code), this date, by depositing the said copy enclosed in a sealed envelope with postage thereon fully prepaid, in the United States post office mailbox at the City of _____, California, address as follows:

- District Attorney, County of Riverside, 9991 County Farm Rd., Riverside, CA 92503
- Probation Officer, County of Riverside, 9889 County Farm Rd., Riverside, CA 92503
- District Attorney, County of Riverside, 46-209 Oasis St., Indio, CA 92201
- Probation Officer, County of Riverside, 47-671 Oasis St., Indio, CA 92201

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)



(SIGNATURE)