

AGENCY SUBMITTING REQUEST <i>(Name, Department, and address):</i>   TELEPHONE NO: _____ FAX NO <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____	<i>For Court Use Only</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>REQUEST TO VACATE PACKET</b> JUVENILE DELINQUENCY PROCEEDING Welfare & Institutions Code § 602	CASE NUMBER:
	RELATED CASE <i>(if any):</i>

*(Name of probation officer)* \_\_\_\_\_ is requesting to vacate the packet dated *(date of packet)* \_\_\_\_\_ filed with the court on *(date filed)* \_\_\_\_\_ for the following reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I served a copy of the REQUEST TO VACATE PACKET on *(date)* \_\_\_\_\_ on the following persons or entities ***(indicate name of person served and method of service):***

- |  |  |
|--|--|
| <input type="checkbox"/> District Attorney: _____            | <input type="checkbox"/> Attorney - other: _____ |
| <input type="checkbox"/> Public Defender: _____              | <input type="checkbox"/> Attorney - other: _____ |
| <input type="checkbox"/> Friedman, Cazares & Gilleece: _____ | <input type="checkbox"/> Attorney - other: _____ |
| <input type="checkbox"/> Alvarenga & Clark: _____            | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Friedland & Associates: _____       | <input type="checkbox"/> Other: _____            |

At the time of service I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the service occurred. My residence or business address is *(specify):* \_\_\_\_\_

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

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME) \_\_\_\_\_ (SIGNATURE)