PERSON SUBMITTING REQUEST:	FOR COURT USE ONLY
	FOR COORT USE ONET
MEDIA AGENCY (IF APPLICABLE):	
MAILING ADDRESS:	
CITY, STATE AND ZIP CODE:	
TELEPHONE NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO	
MAILING ADDRESS: A Family Relations Courthouse Juver	nile Courthouse
STREET ADDRESS: 3341 Power Inn Road 9506 Kief	er Blvd.
CITY AND ZIP CODE: Sacramento, CA 95826 Sacrame	nto, CA 95827
Branch name: SITTING AS THE JUVENILE COURT	
TITLE OF CASE (CHILD/MINOR):	CASE NUMBER(S):
	DEPARTMENT:
REQUEST TO ATTEND JUVENILE COURT PROCEEDI	
 REQUEST: I hereby request permission to attend Juvenile Court Proceedings in the above-entitled case, scheduled to be heard on (date). TYPE OF PROCEEDING: Confidential Juvenile Justice Proceedings Confidential Dependency Proceedings Pursuant to Welfare & Institutions Code § 676 Pursuant to Welfare & Institutions Code § 346 	
3. PURPOSE: I believe I have a direct and legitimate interest in the case or the workings of the court for the following reasons:	
California that the above information is true and c	e under penalty of perjury under the laws of the State of orrect. I certify that if the court permits my attendance in fornia Rules of Court, rule 1.150, the provisions of the court the court.
Data	
Date	(Signature)
(TYPE OR PRINT NAME)	(SUPERVISORY POSITION IN MEDIA AGENCY, IF APPLICABLE)

MEDIA REQUEST TO PHOTGRAPH, RECORD OR BROADCAST: If you are requesting to photograph, record or broadcast the proceedings, you must complete and submit Judicial Council of California form, MC-500. Link to form: <u>http://www.courts.ca.gov/forms.htm</u>