



COUNTY OF SAN LUIS OBISPO  
DEPARTMENT OF SOCIAL SERVICES

P.O. BOX 8119 San Luis Obispo, CA 93403-8119 | (805)

FAX (805)

**REQUEST BY A PARENT/DEPENDENT FOR COPIES VIA MAIL/FAX/E-MAIL**

**Please read and initial each item.**

☐

I can prove my identity via a licensed notary. (Have Notary complete below)

initials

**For Notary To Complete**

Before me, the undersigned authority, on this \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, personally appeared \_\_\_\_\_, to me well known to be the person who executed the foregoing instrument, and he/she acknowledged before me that he/she executed the same as his/her voluntary act and deed.

Notary Signature: \_\_\_\_\_

Notary Name (*print*): \_\_\_\_\_

Notary contact Information: \_\_\_\_\_

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I have signed the DSS CWS 480 Inspecting or Copying Juvenile Dependency/Court Records.

initials

☐

I hereby request to have the copies of my file: (*Please choose one of the below*)

initials

☐

Mail documents to my attention at the following address:

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E-mail my documents to me at the following e-mail address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_

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Fax documents to my attention at the following fax number:

( ) - .

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I understand that if you wish to have copies made, the cost is ten (.10) cents per side/per page.

initials

☐

I understand that my mail, fax or e-mail will be marked as STRICTLY CONFIDENTIAL TO BE OPENED ONLY BY THE PERSON TO WHOM ADDRESSED. I may elect to have my mail sent to me by Certified Mail for my signature at my expense. I am aware that the Department assumes no responsibility or liability after the requested materials are deposited in the mail or faxed by the Department.

initials

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Name (*print*): \_\_\_\_\_

Name of Parent/Dependent (*print*): \_\_\_\_\_

CHARGES:

initials

I acknowledge that Department of Social Service staff may not have determined a cost amount at the time I am completing this form. If no costs are entered below I recognize that it does not mean that there will be no costs. I will be notified of all charges prior and expected to pay these charges prior to my documents being sent to me.

initials

I acknowledge the following costs I have incurred:

COPIES: \$ \_\_\_\_\_.\_\_\_\_ ( \_\_\_\_ pages x .10 cents per side / page)

Certified Mail: \$ \_\_\_\_\_.\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_.\_\_\_\_

Payable to: **San Luis Obispo Department of Social Services**  
(do not send cash, please send check or money order only)