SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-JV004

AGENCY (*Name and Address*) TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):*	*FOR COURT USE ONLY*
CASE NAME:	CASE NUMBER:

ACKNOWLEDGEMENT OF JUVENILE RECORDS SEALED

INSTRUCTIONS: Pursuant to WIC §§ 781 & 786, agencies shall advise the Court of its compliance with the sealing order. Please return the completed Acknowledgement of Juvenile Record Sealed form to the Riverside Superior Court.

1. **TO THE CLERK OF THE COURT:** I certify that the records ordered sealed by the court have been sealed, and a copy of the acknowledgement of record sealing has been sent to the court advising the court of compliance with its order.

2. Date of Court Order:

3. Child's Name:

4: Agency Name:

Date: _____

By: _____ _____
(TYPE OR PRINT YOUR NAME) (SIGNATURE)