ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address	FOR COURT USE ONLY
TELEPHONE NO. : FAX NO. (Optional):	
TELEPHONE NO. : FAX NO. (Optional): E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
EX PARTE REQUEST TO VIEW OR OBTAIN	
FAMILY LAW DOCUMENTS	
	I
1. Request to view or obtain a copy of sealed documents.	
a. I am the petitioner respondent attorney of record for petitioner or respondent in this action. I	
would like to view or obtain a copy of the documents listed in item 2 and request that they remain sealed under Family	
Code section 2024.6.	
b. L I am an agent of the local child support agency (LCSA), which has been joined to the action to establish, modify, or	
enforce a support order on behalf of the petitioner respondent other (specify):	
I would like to view or obtain a copy of the doc request that they remain sealed.	uments listed in item 2, related to the parties' financial information, and
	ese documents unsealed, you must complete an Order to Show Cause n Application for Order and Supporting Declaration (form FL-310)
2. Documents I want:	Date filed (if known)
a.	
b.	
С.	
d.	
Continued on Attachment 2.	
I declare under penalty of perjury under the laws of the State	of California that the foregoing is true and correct.
Date:	
	P
(TYPE OR PRINT NAME)	(SIGNATURE OF PARTY)
ORDER	
The court having reviewed this request and the listed documents, the person making the request may view or obtain a copy of the	
documents listed above with the exception of:	
subject to payment of the appropriate copying costs by the requestor. The requestor must use these documents only in a legally	

authorized manner.

Date:

JUDICIAL OFFICER