

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) TELEPHONE NUMBER: EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PEOPLE OF THE STATE OF CALIFORNIA VS.		
APPLICATION FOR SEALING OF DOCUMENTS	CASE NUMBER:	

1. Party seeking sealing order: _____
2. List documents sought to be sealed with specificity:

3. ☐ Memorandum and Declaration of Facts are attached.
4. ☐ This application was served on all parties who have appeared in this action and any party that already possesses copies of the records to be placed under seal have been served with a completed, un-redacted version of all papers as well as a redacted version. Proof of Service is attached.
5. ☐ List of documents submitted to the Court:

