

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*):

TELEPHONE NO: _____ FAX NO. (Optional) _____
E-MAIL ADDRESS (*Optional*): _____
ATTORNEY FOR (*Name*): _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ

701 Ocean Street, Room 110
Santa Cruz, CA 95060
Santa Cruz Branch

PLAINTIFF/PETITIONER:
vs.
DEFENDANT/RESPONDENT:

**EX PARTE APPLICATION AND ORDER
TO SEAL AN UNLAWFUL DETAINER CASE**

CASE NUMBER: _____

1. Defendant(s) _____ requests that the unlawful detainer case be sealed.
2. The complaint was filed on _____.
3. On _____ the case was:
 - a. Dismissed b. Judgment was decided in favor of defendant after trial.
 - c. Failure to prosecute or dismiss within confidential 60 day period.

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Type or Print Name

Signature

Date: _____

Type or Print Name

Signature

Order

The request to seal the above entitled Unlawful Detainer case is granted denied.
IT IS SO ORDERED.

Date: _____

Judge of the Superior Court