

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
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