

**CONFIDENTIAL**

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	<i>FOR COURT USE ONLY</i>
PLAINTIFF PEOPLE OF THE STATE OF CALIFORNIA	
DEFENDANT	
<b>VICTIM OF IDENTITY THEFT - PERSONAL INFORMATION (CONFIDENTIAL)</b>	SUPERIOR COURT CASE NUMBER

**Use this form only if a Petition for Certificate of Identity Theft (Pen. Code § 530.6) (JC Form #CR-151) is filed. This form is not required if a Petition for Expedited Judicial Finding of Factual Innocence: Identity Theft (SDSC Form #CRM-187) is filed instead.**

**Petitioner's personal information:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_

Driver License/ID Card No. \_\_\_\_\_