ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*):	*FOR COURT USE ONLY*
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