CONFIDENTIAL			
CASE PARTICIPANT NAME:		FOR COURT USE ONLY	
STREET ADDRESS:			
CITY/STATE/ZIP CODE:			
TELEPHONE NO.:			
E-MAIL ADDRESS (must be legible)			
SUPERIOR COURT OF CAI STREET ADDRESS:	LIFORNIA, COUNTY OF SACRAMENTO 3341 Power Inn Road		
CITY AND ZIP CODE:	Sacramento, CA 95826		
BRANCH NAME:	William R. Ridgeway Family Relations Courthouse		
PETITIONER/PLA	AINTIFF:		
RESPONDENT/DEFE	NDANT:		
CLAIMANT:			
FAMILY LAW CAS	SE PARTICIPANT ENROLLMENT FORM (PARTY)	CASE NUMBER:	
-	rs for law and motion hearings, and mediation reports preplic Case Access System. Access is available at no charge	· · · · · · · · · · · · · · · · · · ·	

case subscription.

INSTRUCTIONS

To setup your account you must:

- File this form with the court with a copy of your driver license or a state or federal issued photo identification card.
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your case, you will receive a confirming email. You must follow the instructions in that email to complete the process.

_____, request that the court create an account and/or subscription to my Family

• Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.

Law case.			
I declare that my private email address is (must be legible):			
(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3, and 8's)			
I understand if I change my e-mail address I must file a new enrollment form with the court.			
I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order, I must <u>not</u> disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (Petitioner/Respondent/Claimant), their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.			

Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

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