

Edmund G. Brown Jr.
Attorney General

State of California
DEPARTMENT OF JUSTICE



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

APPLICATION AND DECLARATION FOR WAIVER OF FEE
FOR OBTAINING CRIMINAL HISTORY RECORD

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my criminal history record without impairing my obligation to meet the common necessities of life.

I declare under penalty of perjury that the foregoing is true and correct and was signed at _____, California on _____ 20____.

Attached is verification of proof of indigence as required by Penal Code Section 11123.

DECLARANT SIGNATURE

DECLARANT PRINTED NAME