Declaration submitted by: Name: Agency: Street Address: City, State: Telephone Number:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED JUVENILE DIVISION	
Department: Juvenile Delinquency Street Address 2840 W. Sandy Mush City & Zip Code: Merced, CA 95340	
NAME OF MINOR:	
RESPONSE BY DISTRICT ATTORNEY TO PETITION TO TERMINATE SEX OFFENDER REGISTRATION--JUVENILE	CASE NUMBER:

1. Petitioner's Information

This is a response to a petition filed by:

a. Name: _____
Last *First* *Middle*

Date of Birth: _____ *(MM/DD/YYYY)*

CSAR Petition Number: _____

b. Tier *(check one)*: ☐ Tier 1 – 5 years ☐ Tier 2 – 10 years

2. Response

a. ☐ The district attorney has no objection to this petition.

b. ☐ The district attorney objects to granting the petition and requests a hearing because *(check all that apply)*:

(1) ☐ Community safety would be significantly enhanced by petitioner's continued registration.

(2) ☐ Petitioner has not met the requirements of Penal Code section 290(e)/290.5(a)(2).

c. ☐ The district attorney requests the petition be summarily denied because *(check all that apply and state reasons for summary denial):*

(1) ☐ Petitioner has not fulfilled the filing and service requirements of Penal Code section 290.5 because: _____

(2) ☐ There are pending charges against petitioner which could extend the time to complete the registration requirements of the tier or change petitioner's tier status. *(Provide Court and Case information):* _____

☐ Petitioner is ☐ in custody ☐ on parole ☐ on probation ☐ on supervised release:

(3) ☐ Petitioner has not met the mandatory minimum registration period for their tier.

(4) ☐ Other: _____

d. This response has been served on the petitioner or counsel at the address set forth on the petition.

Date: _____

_____ _____
Printed name of district attorney / district attorney's representative *Signature of district attorney / district attorney's representative*