

**INSTRUCTIONS FOR COMPLETING INF 1161E
ATTORNEY'S INFORMATION REQUEST
IMPORTANT - PLEASE READ CAREFULLY BEFORE COMPLETING FORM**

CIVIL/CRIMINAL PENALTIES

The willful, unauthorized disclosure or use of information from a department record or the use of any false representation to obtain information from a department record is a misdemeanor, punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment.

ARE YOU USING THE CORRECT FORM?

This form is to be used by a state bar licensed attorney who is requesting residence address information in order to represent their client in a civil or criminal matter directly involving the use of a motor vehicle or vessel in accordance with *California Vehicle Code* §1808.22. Any other use is prohibited by law.

CERTIFIED RECORD

Check box if you want the DL/ID or VR/Vessel record certified as a true copy on file with the DMV. There is no additional fee for this service.

TYPE OF INFORMATION REQUESTED (CHECK ONLY ONE BOX PER REQUEST)

IF YOU ARE REQUESTING...

Information regarding an individual's driver license/identification card (DL/ID), check the "Driver License/Identification Card (DL/ID)" box and complete Section 2 Only, **DO NOT COMPLETE SECTION 3.**

IF YOU ARE REQUESTING...

Information regarding a vehicle or vessel registration (VR), check the "Vehicle/Vessel Registration (VR)" box and complete Section 3 Only, **DO NOT COMPLETE SECTION 2.**

SECTION 1 – Attorney's Information

Provide the true full name of the attorney requesting the information. All information is required to be completed, such as, Name (First, MI, Last), state bar number, business address including city, state, zip code, and daytime telephone number. State bar numbers will be verified for Active status prior to processing request.

SECTION 2 – Driver License/Identification (DL/ID) Card Record Request

IF YOU ARE REQUESTING...

Information regarding an individual's **driver license/identification card**, you must supply either one of the following regarding the individual you are requesting information on:

Name (Last, First, MI) **AND** DL/ID Number **OR** Name (Last, First, MI) **AND** Date of Birth

TYPE OF INFORMATION AVAILABLE:

- Automated record (**\$5 per RECORD**) — An automated record is a computer-generated record. Information available includes:
 - Current record includes name, DL/ID number, date of birth, physical description, license status, all accidents and abstracts that are reportable by law under *California Vehicle Code* §1808.
- Photocopy (**\$20 per COPY**)
 - Photocopy of a DL/ID application including guarantor's signature

SECTION 3 – Vehicle/Vessel Registration (VR) Record Request

IF YOU ARE REQUESTING...

Information regarding a **vehicle or vessel registration**, you must provide:

CA License Plate/CF Number **OR** Vehicle/Hull Identification Number

TYPE OF INFORMATION AVAILABLE:

- Automated record (**\$5 per RECORD**) — An automated record is a computer-generated record. Information available includes:

- Current record – provides current registered owner and legal owner (if any) name and address, vehicle/vessel description, registration status, etc.
- Owner as of date – provides the name and address of the registered and legal owner as of the date specified.
- Ownership History – provides current owner and generally the three previous registered owners, if available.
- Photocopy of hardcopy and/or microfilm documents (**\$20 per YEAR**) – A copy of any paper or microfilm document on file with the DMV. Information available includes:
 - Photocopies on file – Provides copies of paper documents for years specified, generally available for current year plus 3 prior years (i.e., 2003, 2002, 2001).

NOTE: To obtain information on all vehicles/vessels owned by a specific individual or business (commonly referred to as “asset search”), you must complete department form INF 70 located on DMV website www.dmv.ca.gov, under Forms. **Name and address will be required on this form.**

SECTION 4 – Purpose of Request

1. Provide a brief description of the vehicle/vessel related incident for which this information is required and include the data and location of the incident.
2. Provide the case number (if available) or the name of the involved parties, including your client(s).

California Vehicle Code §1808.22 states §1808.21 does not apply to an attorney when the attorney states, under penalty of perjury, that the vehicle or vessel registered owner or driver residential address information is necessary in order to represent his or her client in a criminal or civil action which directly involves the use of the motor vehicle or vessel that is pending, is to be filed, or is being investigated. Information requested is subject to all of the following:

1. *The attorney shall state that the criminal or civil action that is pending is to be filed, or is being investigated related directly to the use of that motor vehicle or vessel.*
 2. *The case number, if any, or the names of expected parties to the extent they are known to the attorney requesting the information, shall be listed on the request.*
 3. *A residence address obtained from the department shall not be used for any purpose other than in furtherance of the case cited or action to be filed or which is being investigated.*
 4. *If no action is filed within a reasonable time, the residence address information shall be destroyed.*
 5. *No attorney shall request residence address information pursuant to this subdivision in order to sell the information to any person.*
 6. *Within 10 days of receipt of a request, the department shall notify every individual whose residence address has been requested pursuant to this subdivision.*
- A knowing violation of paragraph (1), (2), (3), (4), or (5) is a misdemeanor or, if in the furtherance of another crime, is subject to the same penalties as that other crime.

SECTION 5

PART I – Attorney’s Certification Statement, Signature and DL/ID Number

Please provide the city, county and state where this document was completed and the date it was completed. The Attorney requesting the information must sign form and provide their DL/ID number for verification of identity.

PART II – Notice to Record Subject

Provides notice to record subject as required by *California Vehicle Code §1808.22*

SECTION 6 – Return Mailing Label

If you are completing this form on-line, STOP, print, sign Part I and mail both Part I and Part II to the DMV at the address provided. **BE SURE TO INCLUDE APPROPRIATE FEE.**

If you are completing this form by hand, you will need to provide your name and mailing address in Part I, Section 6 and complete Part II in its entirety except for **DMV USE ONLY** sections. Sign Part I, Section 5 and mail BOTH Parts I and II to the DMV at the address provided. **Completing the pdf on the internet is preferred as completing by hand or typewriter may cause processing delays.**



ATTORNEY'S INFORMATION REQUEST (Vehicle/Vessel Related Incidents Only)

PART I: Record Request

APPLICABLE FEE MUST ACCOMPANY REQUEST

Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

TYPE OF INFORMATION REQUESTED (CHECK ONLY ONE BOX PER REQUEST)

- Driver License/Identification Card (*DO NOT COMPLETE SECTION 3*)
- Vehicle/Vessel (*DO NOT COMPLETE SECTION 2*)

SECTION 1 – Attorney's Information – ALL INFORMATION REQUIRED

ATTORNEY'S NAME (FIRST, MI, LAST)	STATE BAR NUMBER	DAYTIME TELEPHONE NUMBER ()
BUSINESS ADDRESS	CITY	STATE ZIP CODE

SECTION 2 – DL/ID Record Request ONLY – NAME AND DL/ID # OR NAME AND DATE OF BIRTH REQUIRED

INDIVIDUAL'S NAME (FIRST, MI, LAST)	AND DL/ID CARD NUMBER	OR DATE OF BIRTH (MM/DD/YYYY)
-------------------------------------	-----------------------	-------------------------------

Automated record (computer printout) - FEE: \$5 Per Record

Current Record

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Year

DL/ID Application (Guarantor's Signature Search)

SECTION 3 – VR/VESSEL Record Request ONLY – PLATE/CF NUMBER OR VIN/HIN REQUIRED

CA LICENSE PLATE/CF NUMBER	OR VEHICLE/HULL IDENTIFICATION NUMBER
----------------------------	---------------------------------------

Automated record (computer printout) - FEE: \$5 Per Record

- Current Record Owner as of date ____/____/____
- Ownership History (Specify _____ YEAR to current)

Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Year

Photocopies on file for: ____/____/____/____ (indicate years)

SECTION 4 – Purpose of Request – See Instructions

- Briefly describe the vehicle/vessel related incident for which this information is required. Include date and location:
- Case number, if any, or the names of involved parties including your client(s): _____

SECTION 5 – Attorney's Certification Statement, Signature and DL/ID Number

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. The information received will be used solely in relation to the incident stated in Section 4. This request is made in accordance with the provisions of Section 1808.22 of the California Vehicle Code which I have read and understand. The residential address information is necessary in order to represent my client in a criminal or civil action, which directly involves the use of a vehicle/vessel, that is pending, is to be filed, or is being investigated.

ATTORNEY'S SIGNATURE	ATTORNEY'S DL/ID NUMBER
----------------------	-------------------------

X

DMV USE ONLY

Check/MO# _____	Total \$ _____	<input type="checkbox"/> DL/ID	<input type="checkbox"/> C.R.	<input type="checkbox"/> App	<input type="checkbox"/> VR	<input type="checkbox"/> C.R.	<input type="checkbox"/> As Of	<input type="checkbox"/> History	<input type="checkbox"/> Photocopy(ies)
<input type="checkbox"/> Refund _____	<input type="checkbox"/> Other _____	Cashier ID/Date _____							

SECTION 6 – Attorney's Mailing Label – DO NOT DETACH

ATTORNEY'S NAME		
BUSINESS ADDRESS		
CITY	STATE	ZIP CODE

PRINT & MAIL PARTS 1 & 2 TO:
Department of Motor Vehicles
Public Operations — G199
P.O. Box 944247
Sacramento, CA 94244-2470

**ATTORNEY'S INFORMATION REQUEST
(Vehicle/Vessel Related Incidents Only)**

PART II: Notice to Record Subject

SEE SECTION 5 BELOW

Certify the record as a true copy of record on file with Department of Motor Vehicles - No Charge

TYPE OF INFORMATION REQUESTED (CHECK ONLY ONE BOX PER REQUEST)

- Driver License/Identification Card (*DO NOT COMPLETE SECTION 3*)
 Vehicle/Vessel (*DO NOT COMPLETE SECTION 2*)

SECTION 1 – Attorney's Information – ALL INFORMATION REQUIRED

ATTORNEY'S NAME (FIRST, MI, LAST)	STATE BAR NUMBER	DAYTIME TELEPHONE NUMBER ()
BUSINESS ADDRESS	CITY	STATE ZIP CODE

SECTION 2 – DL/ID Record Request ONLY – NAME AND DL/ID # OR NAME AND DATE OF BIRTH REQUIRED

INDIVIDUAL'S NAME (FIRST, MI, LAST) AND DL/ID CARD NUMBER OR DATE OF BIRTH (MM/DD/YYYY)

Automated record (computer printout) - FEE: \$5 Per Record <input type="checkbox"/> Current Record	Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Year <input type="checkbox"/> DL/ID Application (Guarantor's Signature Search)
--	---

SECTION 3 – VR/VESSEL Record Request ONLY – PLATE/CF NUMBER OR VIN/HIN REQUIRED

CA LICENSE PLATE/CF NUMBER OR VEHICLE/HULL IDENTIFICATION NUMBER

Automated record (computer printout) - FEE: \$5 Per Record <input type="checkbox"/> Current Record <input type="checkbox"/> Owner as of date ____/____/____ <input type="checkbox"/> Ownership History (Specify _____ to current) YEAR	Photocopy of hardcopy and/or microfilm documents - FEE: \$20 Per Year <input type="checkbox"/> Photocopies on file for: ____/____/____/____ (indicate years)
--	--

SECTION 4 – Purpose of Request – See Instructions

- Briefly describe the vehicle/vessel related incident for which this information is required. Include date and location:
- Case number, if any, or the names of involved parties including your client(s): _____

SECTION 5 – NOTICE TO RECORD SUBJECT

The requester (attorney) shown has received information concerning your vehicle/vessel registration or driver license/identification card record in order to represent his/her client in a vehicle/vessel related incident. This is your notification that the information has been provided as required by California Vehicle Code Section 1808.22. If you have questions regarding the incident specified, please contact the Attorney. If the information provided in Section 4 is incorrect, please contact the DMV at the address shown on the bottom of this form.

DMV USE ONLY – DO NOT DETACH

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

**Department of Motor Vehicles
Public Operations — G199
P.O. Box 944247
Sacramento, CA 94244-2470**