

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DRIVE., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN STREET, EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DRIVE, SUITE 130, VISTA, CA 92083 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
IN THE MATTER OF _____ <div style="text-align: right;">A MINOR</div>	
APPLICATION FOR ORDER AND ORDER (EX PARTE)	CASE NUMBER _____

A petition was filed on _____, under Welf. & Inst. Code § _____. The minor was declared / continued a dependent of the San Diego County Juvenile Court on _____. The permanent plan is proposed to be _____.

Next scheduled hearing date:
 NOTICE:

COUNSEL	NAME	DATE/TIME NOTIFIED	METHOD	SUPPORTS REQUESTED ORDER
Child's Attorney				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Mother's Attorney				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Father's Attorney				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Father's Attorney				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
County Counsel				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Social Worker				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
CASA				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT

See attached for additional notice.

DECLARATION IN SUPPORT OF REQUESTED ORDER

Continued on attachment.

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

Date: _____

 Type or print name

 Signature

ORDER

Granted Denied Hearing set for _____. Comments:

Date: _____

 Judge/Referee of the Superior Court