

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130, VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
IN THE MATTER OF _____	A MINOR
PETITIONER(S)/PLAINTIFF(S) _____	
RESPONDENT(S)/DEFENDANT(S) _____	DOMESTIC CASE NUMBER _____
<b>APPLICATION TO OPEN A DOMESTIC FILE</b>	JUVENILE CASE NUMBER _____

Application to open a domestic file and application for a juvenile court order re:

- Custody of minor child(ren).
- Termination of dependency action in Juvenile Court case.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney

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**ORDER**

Application to open a domestic file is:

- Granted       Denied

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge/Referee of the Superior Court