

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DRIVE., SAN DIEGO, CA 92123	
IN THE MATTER OF _____ <div style="text-align: right;">A MINOR</div>	
EX PARTE APPLICATION AND ORDER (JUVENILE JUSTICE)	CASE NUMBER _____

A petition was filed on _____, under Welf. & Inst. Code § 602. The youth was declared / continued a ward of the San Diego County Juvenile Court on _____.

Next scheduled hearing date:
NOTICE:

COUNSEL	NAME	DATE/TIME NOTIFIED	METHOD	SUPPORTS REQUESTED ORDER
Youth's Attorney				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
P.O.				<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

IT IS SO ORDERED.

Granted Denied Hearing set for _____.

Comments:

Date: _____

Judge/Referee of the Superior Court