

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123	
IN THE MATTER OF _____	JUDGE _____
DATE OF BIRTH _____ A NONMINOR DEPENDENT	DEPT _____
FINDINGS AND ORDERS AFTER NON-APPEARANCE REVIEW HEARING	CASE NUMBER _____

A non-appearance review hearing for a nonminor dependent has been set in the above matter on .

1. The court read and considered:

- a. Social worker report(s) dated: _____.
- b. CASA report(s) dated: _____.
- c. Non-Appearance Review Hearing – Position of Nonminor Dependent (SDSC Form #JUV-304).
- d. Other: _____.

2. The court finds and orders:

- a. The court adopts the findings and orders contained in the recommendations dated: _____.
- b. The court adopts the findings and orders contained in the recommendations dated: _____, with the following modifications: _____.
- c. Nonminor Health and Human Services Agency CASA requests and appearance hearing.
- d. Nonminor requests a contested hearing.
- e. Nonminor Health and Human Services Agency request a continuance. There is good cause to continue the matter. Length of continuance: _____.

3. Future hearing date:

- a. The matter is set for an appearance hearing. Uncontested Contested
- b. The matter is set for a continued non-appearance hearing.
- c. Hearing must be set less than six months from today's date: _____.

Hearing set on (date): _____ at _____ a.m. p.m. in Dept. _____. Hearing is in person
 remote time estimate: _____.

IT IS SO ORDERED.

Date

Judge/Referee of the Superior Court