

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL 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, 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	
IN THE MATTER OF _____   <div style="text-align: right;">A MINOR</div>	
<b>REQUEST FOR JUDICIAL REVIEW OF DECISION ON WAIVER OF PRESUMPTIVE TRANSFER AND ORDER</b>	CASE NO.: _____

1. Name of Person or Agency Requesting Judicial Review: \_\_\_\_\_  
 Child  
 Attorney for Child  
 Parent  
 Person/Agency Responsible for Making Mental Health Decisions for Child  
 Juvenile Probation Department  
 Health & Human Services Agency, Child Welfare Services  
 Interested Party with Legal Duty Involving Child's Health or Welfare  
 Child's Tribe  
 Child's Caregiver  
 Child's Court-Appointed Special Advocate (CASA)  
 Other (*describe*): \_\_\_\_\_
  
2. Contact Information for Person or Agency Requesting Judicial Review:  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_
  
3. Child's Attorney: \_\_\_\_\_
4. Child's Social Worker: \_\_\_\_\_
5. Name(s) of Parent(s) or Legal Guardian(s): \_\_\_\_\_
6. Child's Current Placement: \_\_\_\_\_
7. Person or Agency Requesting Waiver: \_\_\_\_\_
8. Decision on Waiver: Approved \_\_\_\_\_ Denied \_\_\_\_\_
9. Date of Decision on Waiver: \_\_\_\_\_
10. Reason(s) Given for Decision on Waiver: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IN THE MATTER OF:	CASE NUMBER:
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11. If waiver was denied, which exception(s) to presumptive transfer (Welf. & Inst. Code § 14717.1(d)(5)) do you claim?
- The transfer would disrupt continuity of care or delay access to services provided to the child.
  - The transfer would interfere with family reunification efforts documented in the individual case plan.
  - The child's placement in a county other than the County of San Diego is expected to last less than six months.
  - The child's residence is within 30 minutes of travel time to his or her established specialty mental health care provider in the County of San Diego.
12. As required by Welf. & Inst. Code § 14717.1(d)(6), the County of San Diego:
- has an existing contract with a specialty mental health care provider *or*
  - has the ability to enter into an existing contract with a specialty mental health care provider within 30 days of the waiver decision *and*
  - has the ability to deliver timely specialty mental health services directly to the child.
13. Reasons why it is in the best interest of the child to
- waive presumptive transfer:
  - deny a waiver of presumptive transfer:

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

Date: \_\_\_\_\_ \_\_\_\_\_  
Signature of Requestor

*INSTRUCTIONS: The following parties must be given notice of this request at least 10 calendar days before the request is submitted to the court. Each party must be served either personally or by first-class mail with a copy of the request.*

San Diego Office of County Counsel Juvenile Dependency Division 5530 Overland Avenue, Suite 170 San Diego, CA 92123	Health & Human Services Agency/CWS Attn: Legal Unit 8965 Balboa Avenue San Diego, CA 92123
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Children's Legal Services of San Diego 4801 Viewridge Avenue San Diego, CA 92123	Dependency Legal Services of San Diego 1660 Hotel Circle North San Diego, CA 92108
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*File this request and any attachments with the Juvenile Court Business Office at the court location where the child's case is being heard (see addresses on page 1). If your request involves more than one child, complete one form for each child. **A completed Proof of Service (SDSC Form #POS-020 and/or SDSC Form #POS-030) must accompany the request when the request is filed with the court.** If you know of any parties not represented by counsel or a privately retained attorney who is representing a party, please ask the court clerk for assistance.*

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- Presumptive transfer is waived.
  - Presumptive transfer is not waived.
  - Hearing set for (*date*) \_\_\_\_\_ at (*time*) \_\_\_\_\_  a.m.  p.m. in Department: \_\_\_\_\_.
  - Request is returned for proper service.
  - Comments: \_\_\_\_\_
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**IT IS SO ORDERED.**

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

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