

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 <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., 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 _____	JUDGE/REFEREE _____
DATE(S) OF BIRTH _____ (A) MINOR(S) _____	DEPT _____
SPECIAL HEARING REQUEST - DEPENDENCY	CASE NUMBER _____ HHS NUMBER _____

SPECIAL HEARING DATE: _____ SPECIAL HEARING TIME: _____
 (Date and time to be completed by the courtroom clerk)

NOTICE AND DECLARATION:

COUNSEL	NAME	NOTIFIED	METHOD	DATE/TIME
Child's Attorney -				
Mother's Attorney -				
Father's Attorney -				
Father's Attorney -				
Father's Attorney -				
Social Worker -				
County Counsel -				
CASA -				
Other -				

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

REASON FOR REQUEST/CHANGE OF CIRCUMSTANCES:

ATTEMPTS TO SETTLE EX PARTE (If not, explain below):

WHY MATTER CANNOT BE HANDLED AT NEXT COURT HEARING:

JUDGE'S COMMENTS: