

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 _____ <p style="text-align: right;">A MINOR</p>	CASE NUMBER _____
REQUEST FOR APPOINTED COUNSEL (DEPENDENCY)	HEARING DATE & TIME _____ DEPT _____

Place your initials in the blanks next to the statements that apply to you.

- _____ 1. I am asking the court to appoint an attorney for me.
- _____ A. I cannot afford to hire an attorney of my choice.
- _____ B. I understand that I have the right to represent myself, but I do not wish to represent myself.
- _____ 2. I understand that if an attorney is appointed for me or my child(ren), I may be ordered to reimburse the County of San Diego for all or part of the appointed attorney's fee if I can afford to do so.
- _____ 3. I understand that if an attorney is appointed for me, I must stay in regular contact with my attorney. If I do not stay in regular contact with my attorney, the court may relieve my attorney, which means the appointed attorney will no longer represent me. If my attorney is relieved, the court will notify me at the last address I have provided to the court.
- _____ 4. I am asking the court to appoint an attorney for me on the issue of parentage only.
- _____ 5. I understand that if an attorney is appointed for me on the issue of parentage, my attorney will be relieved if I do not prove that I am a biological or presumed parent within a reasonable time. If my attorney is relieved, the court will notify me at the last address I have provided to the court.
- _____ 6. I understand that I must promptly notify the court in writing of any change in my address or phone number. I understand that the court will send all notices and orders only to the last address I have provided to the court.

I declare under penalty of perjury that the statements I have marked above with my initials are true and correct, and that this declaration was executed at (city): _____, California on (date): _____.

Type or print name

Signature

Telephone number

Street Address

Alternate telephone number

City, State, Zip Code