

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, COUNTY COURTHOUSE, 220 W. BROADWAY, 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., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	CASE NUMBER <i>(If applicable)</i>
IN THE MATTER OF _____ CHILD'S DATE OF BIRTH _____	DSS CASE NUMBER
PETITION FOR MEDICAL, MENTAL HEALTH, DENTAL, AND/OR OTHER REMEDIAL CARE	CC CASE NUMBER <i>(If applicable)</i>

Mother's Name: _____

Father's Name: _____

Legal Guardian's Name: _____

Petition in support of authorization for:

- Medical care**
- Mental health care**
- Dental care**
- Other remedial care**

FOUNDATIONAL INFORMATION

Petitioner, _____, declares as follows:
(Print name)

PETITIONER'S PROFESSIONAL QUALIFICATIONS

I am employed by the County of San Diego Health and Human Services Agency ("Agency"). By virtue of my education, training, and experience, I am qualified to conduct child abuse and neglect investigations. I make this declaration in support of a petition for an order for medical, mental health, dental, and/or other remedial care under Welf. & Inst. Code § 369.

BASIS FOR PETITION

I have been informed by _____ that the above-referenced child is in need of an examination and/or treatment. Please see the Declaration of Licensed Health Care Provider in Support of Order for Examination and Treatment of a Child in the Custody of the County of San Diego.

- Unable to reach parent/guardian to obtain consent.** The Agency and/or the health care provider has been unable to make contact with the child's parent, guardian, or person standing in loco parentis, despite the following efforts to provide notice of the recommended medical, mental health, dental and/or other remedial care to the parent, guardian, or person standing in loco parentis for the above-referenced child (check one or more that apply):

Attempted in-person contact with (name) _____ on (date) _____
at (time) _____ at (location) _____.

CHILD'S NAME	CASE NUMBER
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Contact has been attempted for all known telephone numbers and email addresses with the following result (identify each telephone number, email address, date/time, and if a message was left or not): _____

Written notice has been left at the last known address for the above-referenced child (identify address, date, time):

Other (describe attempts with date, time): _____

Parent/Guardian has objected to care, necessitating an order of the court. The parent, guardian, or person standing in loco parentis for the above-referenced child has been advised of the time and place of the proposed care and of the right to be present. The parent, guardian, or person standing in loco parentis has objected to the recommended medical, mental health, dental, and/or other remedial care, and communicated the following objection(s) to the proposed care (state the parent/guardian's reason(s), if any, on the following lines):

REQUEST FOR AN ORDER OF THE COURT

The above-referenced child was taken into temporary custody on _____ and is in need of medical, mental health, dental, and/or other remedial care as explained in and in the time frame stated in the attached Declaration of Licensed Health Care Provider in Support of Order for Examination and Treatment of a Child in the Custody of the County of San Diego. Furthermore, there is no parent, guardian, or person standing in loco parentis available to, capable of, or willing to authorize medical, mental health, dental, and/or other remedial care for the child.

Therefore, pursuant to Welf. & Inst. Code § 369, the Agency requests that the court authorize the recommended medical, mental health, dental, and/or other remedial care be administered as indicated in the attached Declaration of Licensed Health Care Provider in Support of Order for Examination and Treatment of a Child in the Custody of the County of San Diego.

VERIFICATION

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

Date: _____ at (city, state): _____

Type or print name

Signature of Petitioner/Social Worker

Petitioner's/Social Worker's telephone number: _____