

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
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., SUITE 130, VISTA, CA 92083 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
IN THE MATTER OF _____ <div style="text-align: right;">A NONMINOR DEPENDENT</div>	
EX PARTE APPLICATION AND ORDER NONMINOR DEPENDENT	CASE NUMBER _____

The San Diego County Juvenile Court assumed or resumed jurisdiction over (name) _____ as a nonminor dependent (NMD) on (date) _____.

Next scheduled hearing date: _____

NOTICE:

PARTIES	NAME	DATE/TIME NOTIFIED	METHOD	SUPPORTS REQUESTED ORDER
NMD				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
NMD's Attorney				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
County Counsel				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Social Worker				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Probation Officer				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
CASA				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT
Other				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SUBMIT

See attached for additional notice.

DECLARATION IN SUPPORT OF REQUESTED ORDER

Continued on attachment.

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

Date: _____

Type or print name

Signature

ORDER

Granted Denied Hearing set for _____. Comments: _____

Date: _____

Judge/Referee of the Superior Court