

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>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, COUNTY 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 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
IN THE MATTER OF _____  DATE OF BIRTH _____ A MINOR _____	
<b>REQUEST FOR JUVENILE COURT REVIEW OF CHILD WELFARE SERVICES RELATIVE PLACEMENT DECISION</b>	CASE NUMBER _____

A Resource Family parent, applicant, or individual who has received a notice of a denial or rescission of approval, a notice of a criminal record exemption denial or rescission, or a notice of an exclusion has the right to a state hearing and other due process rights as set forth in Welfare and Institutions Code section 16519.5 et seq. The juvenile court does not have jurisdiction to review these decisions. The juvenile court *does* have jurisdiction to review the Health and Human Services Agency's decision not to place a child in the home of a relative that has been approved as a Resource Family. (Welf. & Inst. Code § 361.3.) The juvenile court also may review the Agency's decision not to place a child in the home of a relative that is eligible for emergency placement (see Welf. & Inst. Code §§ 309, 361.45).

USE THIS FORM IF [1] YOU HAVE BEEN APPROVED AS A RESOURCE FAMILY AND YOU WANT THE COURT TO REVIEW THE AGENCY'S DECISION NOT TO PLACE THE CHILD IN YOUR HOME OR [2] YOU ARE ELIGIBLE FOR EMERGENCY PLACEMENT, AND THE AGENCY HAS DECIDED NOT TO PLACE THE CHILD IN YOUR HOME.

Your name: \_\_\_\_\_ Child's name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your telephone number: \_\_\_\_\_

Check here if your contact information is confidential and Confidential Information (JC Form #JV-287) is attached.

Your relation to the child:  brother/sister  tribal extended family member  
 maternal OR  paternal  grandparent  aunt/uncle  cousin  
 other (specify): \_\_\_\_\_

1. When did you learn the child was removed from parental custody? (date): \_\_\_\_\_

2. How did you learn the child was removed from parental custody? \_\_\_\_\_

3. Have you told Child Welfare Services (CWS) that you would like to care for the child in your home?  Yes  No

4. If you answered yes, how did you notify CWS of your request (include name of person contacted, if known):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. When did you make your request for placement? (date(s)): \_\_\_\_\_

6. When did CWS respond to your request? (date(s)): \_\_\_\_\_

7. How did CWS respond to your request? \_\_\_\_\_

CHILD'S NAME	CASE NUMBER
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8. Have you been approved as a Resource Family?  Yes  No

*If you have completed the Resource Family Approval Process and you disagree with the outcome, you must follow the instructions for an appeal which are described in the Notice of Action.*

9. If your home was approved as a Resource Family, when were you notified of the approval?

Date of approval: \_\_\_\_\_ A copy of the notice of approval is attached:  Yes  No

10. Has CWS advised you that it is not recommending the child be placed with you?  Yes  No

If you answered yes, when and who told you? \_\_\_\_\_

11. Please state the reasons given for the current placement recommendation, if known:

\_\_\_\_\_

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

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

*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.*

**FOR COURT USE ONLY**

Request denied.

Hearing set for (date) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m. in Department \_\_\_\_\_

Other: \_\_\_\_\_

IT IS SO ORDERED.

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

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