

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
GUARDIANSHIP OF _____	
REQUEST FOR EXPEDITED PROCESSING – SPECIAL IMMIGRANT JUVENILE FINDINGS	CASE NUMBER _____

Pursuant to Code of Civil Procedure, section 155, expedited processing of the concurrently submitted Special Immigrant Juvenile Findings (JC Form #GC-224) for _____, minor, is requested. (Separate requests must be submitted for each minor.)

- 1) Proposed Order submitted in person or via U.S. Mail (*self-represented litigants only*):
 - a) Fees will be charged in accordance with the court’s Fee Schedule (SDSC Form #ADM-001):
 - Requesting party has an approved Order on Court Fee Waiver (JC Form #FW-003/FW-003-GC) on file.
 - A check or money order is enclosed. If the total cost is unknown, write *Not to exceed* \$ _____ on the memo line.
 - Credit Card Payment (Confidential) (SDSC Form #ADM-253) is enclosed. If the total cost is unknown, write *Not to exceed* \$ _____ above the “Amount to be Charged” section.
 - b) Means of Return:
A self-addressed stamped envelope (SASE) is enclosed for the return of the certified copy.

- 2) Proposed Order submitted via E-Filing:
 - a) Fees will be charged in accordance with the court’s Fee Schedule (SDSC Form #ADM-001):
 - Requesting party has an approved Order on Court Fee Waiver (JC Form #FW-003/FW-003-GC) on file.
 - Credit Card Payment (Confidential) (SDSC Form #ADM-253) is attached. If the total cost is unknown, write *Not to exceed* \$ _____ above the “Amount to be Charged” section. (For Orders submitted BEFORE the hearing only.
 - Requesting party authorizes fees to be charged to the credit card on file with the E-Filing Service Provider. (For Orders submitted AFTER the hearing only.)
 - b) Means of Return:
 - Requesting party would like the certified copy returned via email: _____.
 - Requesting party would like the certified copy returned via the E-Filing Service Provider (For Orders submitted AFTER the hearing only).
 - Requesting party would like the certified copy printed and returned via U.S. Mail to the following address (an additional fee for an envelope and postage will be charged for copies returned by mail):

