

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123	
IN THE MATTER OF _____	JUDGE _____
DATE OF BIRTH _____ A NONMINOR DEPENDENT	DEPT _____
<b>NON-APPEARANCE REVIEW HEARING – POSITION OF NONMINOR DEPENDENT</b>	CASE NUMBER _____

A non-appearance review hearing for a nonminor dependent has been set in the above matter on \_\_\_\_\_.

Counsel for the nonminor  has  has not received a copy of the social worker's report dated \_\_\_\_\_.

The nonminor previously submitted a Non-Appearance Review Hearing – Position of Nonminor Dependent (SDSC Form #JUV-304) on \_\_\_\_\_.

The nonminor, through counsel, submits the following  position  updated position on the Health and Human Services Agency's report and recommendation dated: \_\_\_\_\_.

Submits on the social worker's report dated: \_\_\_\_\_.

Counsel has nothing to add on behalf of the nonminor.

Requests a continuance.

Length of continuance requested:

Reason for request: \_\_\_\_\_.

Requests an appearance hearing.

Reason for request: \_\_\_\_\_.

Requests a contested hearing.

Trial issue/time estimate: \_\_\_\_\_.

Pre-trial status conference requested?  Yes  No

The next hearing is  an appearance  a non-appearance. The hearing type is: \_\_\_\_\_.

Other information the nonminor would like the court to consider: \_\_\_\_\_.

See attached supplemental information for consideration.

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

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Petitioner or Attorney