JV-214(A) Notice of and Order on Request for Hearing on Waiver of Presumptive Transfer

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's/Nonminor's Name:

Date of Birth:

Court fills in case number when form is filed.

Case Number:

The Court Finds and Orders:

1. ☐ The request for a hearing to review the request for waiver of presumptive transfer of the child's or nonminor's specialty mental health services filed on: _____ , is granted and will be held as follows:

   a. Date: _____ Time: _____
   Dept.: _____ Div.: _____
   Room: _____

   b. Address of court: _____

2. ☐ The court has denied the request for a hearing to review presumptive transfer of the responsibility for specialty mental health services to the county of the child's or nonminor's residence. Unless a separate request was made for the court to review the waiver of presumptive transfer, the county placing agency is responsible for determining the outcome to the request for a waiver. Reason for denial:

   ☐ Request is not in the child's or nonminor's best interest.

   ☐ A valid exception to presumptive transfer is not indicated.

   ☐ Person or agency making the request does not have standing to request a hearing.

   ☐ Other: _____

Date: _____

▶ _____
Judge (or Judicial Officer)

3. **Notice to:**

   a. ☐ Social worker ☐ Probation officer ☐ Attorney
   Name: _____ Name: _____

   b. ☐ Mother ☐ Father ☐ Legal guardian ☐ Attorney
   Name: _____ Name: _____

   c. ☐ Mother ☐ Father ☐ Legal guardian ☐ Attorney
   Name: _____ Name: _____

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d. ☐ Mother ☐ Father ☐ Legal guardian ☐ Attorney
Name: _____ Name: _____

e. ☐ Petitioner ☐ Attorney
Name: _____ Name: _____

f. ☐ Child, if 10 years of age or older, or nonminor ☐ Attorney
Name: _____ Name: _____

g. ☐ Legal guardian or guardians of the child
Name: _____

h. ☐ The Indian child's tribe, if applicable, as defined in rule 5.502
Name: _____

i. ☐ Mental health care decision maker for the child or nonminor, if one has been appointed under section 361(a)(1)
Name: _____

j. ☐ Child's caregiver
Name: _____

k. ☐ Known dependent siblings of the child or nonminor
Name: _____
_____

l. ☐ Other: _____
Name: _____

Date: _____

_____
Type or print your name

_____
Sign your name

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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