

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS: _____ ATTORNEY FOR <i>(Name):</i> _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
NONMINOR'S NAME: _____	
NOTICE OF HEARING <input type="checkbox"/> NONMINOR DEPENDENT REVIEW HEARING <input type="checkbox"/> OTHER	CASE NUMBER: _____

NOTICE TO *(name and address):*

1. A hearing will be held

on <i>(date):</i> _____	at <i>(time):</i> _____	in Dept.: _____	Room: _____
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located at court address above Other *(specify address):* _____

2. At the hearing, the court will

- a. review the nonminor dependent's goals and services as described in the Transitional Independent Living Case Plan and the efforts and progress made toward achieving independence.
- b. determine if the nonminor dependent can return to the home of a parent or former legal guardian.
- c. determine whether to terminate or continue court-ordered family reunification services.
- d. other *(specify):* _____

3. **THE** **SOCIAL WORKER** **PROBATION OFFICER** **RECOMMENDS**

- a. a change in orders, services, placement, or status *(specify):* _____
- b. no change in orders, services, placement, or status.
- c. Other *(specify):* _____

4. **TO THE NONMINOR**

- a. **You have the right to be present at the hearing, to present evidence, and to be represented by an attorney.** You may invite other persons to attend the hearing.
- b. **You may appear for the hearing by telephone.** Instructions about the local court procedures for arranging to appear and appearing at the hearing by telephone are included with this notice.
- c. Prior to the hearing, the social worker or probation officer will prepare a report with recommendations. You must be provided with a copy of this report.
- d. The court will proceed with this hearing whether or not you are present.

5. **TO THE PRESENT SUPERVISOR OF THE NONMINOR DEPENDENT'S RESIDENCE, IF ANY**

- a. You may be present at the hearing.
- b. You may submit relevant written material to the court.

NONMINOR'S NAME:	CASE NUMBER:
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6. **TO THE PARENT(S) RECEIVING COURT-ORDERED FAMILY REUNIFICATION SERVICES, IF ANY**

- a. You have the right to be present at the hearing, to present evidence, and to be represented by an attorney. In a dependency matter, the court will appoint an attorney for you if you cannot afford one.
- b. Before the hearing, the social worker or probation officer will prepare a report with recommendations. Parents and legal guardians must be provided with a copy of this report.
- c. The court will proceed with this hearing whether or not you are present.

Date:

_____ (TYPE OR PRINT NAME)



_____ SIGNATURE



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms.htm for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)

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