

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD'S NAME:		
REQUEST FOR HEARING REGARDING CHILD'S ACCESS TO SERVICES		CASE NUMBER:

NOTICE OF HEARING

1. A hearing on this application will be held as follows:

a.	Date:	Time:	Dept:	Div:	Room:
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b. Address of court: is shown above is (specify):

Appointment of Educational Rights Holder

2. On (date):
 the educational rights holder resigned or is no longer serving in that capacity.
 the surrogate parent resigned or was terminated.

I am requesting a hearing for appointment of an educational rights holder.

Date: _____

 U

 SIGNATURE

(TYPE OR PRINT NAME) ATTORNEY FOR CHILD OR YOUTH
 SOCIAL WORKER OR PROBATION OFFICER

Review of Proposed Removal From School of Origin

3. On (date): _____, the social worker or probation officer informed me that the child's or youth's placement will be changed and that this will result in the removal of the child or youth from the school of origin. Based on the information provided to me by the social worker or probation officer, I am requesting a hearing for the court to review the proposed removal of the child or youth from the school of origin.

Date: _____

 U

 SIGNATURE

(TYPE OR PRINT NAME) ATTORNEY FOR CHILD OR YOUTH
 EDUCATIONAL RIGHTS HOLDER