AT	TORNEY	OR PARTY WITHOUT ATTORNE	EY (Name, State Bar number, a.	nd address):			FOR COURT USE ONLY	
,		EPHONE NO.: IL ADDRESS:	FA	X NO.:				
АТ		FOR (Name):						
SI		OR COURT OF CALIFOR	NIA, COUNTY OF					
		IG ADDRESS: ID ZIP CODE:						
	BR	ANCH NAME:						
		NOTICE OF H	HEARING ON JOIN	IDER—JUVENILE		CASE NUMBER:		
1.	Nam	e of child or youth:						
2	Date	of birth:						
3.	3. The child or youth is under dependency delinquency transition jurisdiction.							
m af	edical fter no	treatment, of a depend tice and a hearing, any	dent or ward of the co agency that the cour	for the care, supervision urt. To facilitate coording to determines has failed to 300, 601, or 602, reg	ation and coop o meet a lega	peration among l obligation to	g agencies, the cou provide services to a	rt may join,
4.	A hearing on joinder will be held in this court as follows:							
	a.	Date:	Time:	Dept:		Room:	Div:	
	b.	Address of court	is shown a	bove oth	er <i>(specify):</i>			
5.		The name of the agency or agencies to be joined: "Agency" means any governmental agency, private service provider, or individual who receives governmental funding or						
	reiml	reimbursement for providing services directly to a child or youth.						
6.	Facts supporting the determination that the agency or agencies named in 5 failed to meet a legal obligation to provide services to the child or youth (specify):							
		Continued in the attac	ched declaration.					Page 1 of 2

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С	HILD	'S NAI	ΛΕ:	CASE NUMBER:				
7.	ing services provided to the child or youth:							
_								
8.	The	court	requests:					
	a.		at representatives of the agency or agencies named in 5 and of the county placing agency meet before the hearing coordinate services and to address any alleged failure to meet legal obligations to the child or youth.					
	b.		that the agency or agencies named in 5 submit a written response to the court at least five court days before the nearing.					
Da	ate:							
				JUDICIAL OFFICER				