Proof of Notice of Hearing on Application for Voluntary Admission to Psychiatric Residential Treatment Facility

The social worker or probation officer must provide notice of the hearing on the application for voluntary admission to a psychiatric residential treatment facility to all parties in the proceeding and their counsel of record, the child's tribe in the case of an Indian child, the court-appointed special advocate, if applicable, and any person designated as the educational or developmental representative.

		Fill in court name and street address:
trans	social worker or probation office must arrange for the child to be ported to the hearing. The social worker or probation officer must arrange as nonminor or nonminor dependent to be present at the hearing.	Superior Court of California, County of
1	The hearing on the application for voluntary admission to a psychiatric	
	residential treatment facility set for:	Fill in child's/nonminor's name and date of birth:
	(date): at (time):	Child's/Nonminor's name:
	in Department: of the superior court at (address):	Child's/Nonminor's date of birth:
		Court fills in case number when form is filed.
		Case Number:
2	Notice of the hearing in 1 was given to:	
	a. Parent/legal guardian/Indian custodian (name):	Date notified:
	(1) \square In person	
	(2) By phone at (<i>specify</i>):	
	(2) By phone at (speedyy).	
	b. Parent/legal guardian/Indian custodian (name):	Date notified:
	(1) \square In person	
	(2) By phone at (specify):	
	(2) By phone at (specify).	
	c. Attorney for parent/legal guardian/Indian custodian (name): Date notified:	
	$(1) \square \text{ In person}$	
	(2) By phone at (specify):	
	d. Attorney for parent/legal guardian/Indian custodian (name): Date notified:	
	(1) \square In person	
	(2) By phone at (specify):	
	e. Child, nonminor, or nonminor dependent (name):	
	Date notified:	
	(1) \square In person	
	(2) By phone at (specify):	

Clerk stamps date here when form is filed.

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2	f.	☐ Attorney for child, nonminor, or nonminor dependent (name): Date notified:		
		(1) ☐ In person(2) ☐ By phone at (specify):		
	g.	☐ The Indian child's tribe (name): (1) ☐ In person	Date notified:	
	h.	(2) ☐ By phone at (specify): ☐ Attorney or representative for the Indian child's tribe (name):		
	11.	Date notified: [1] In person		
		(2) By phone at (specify):		
	i.	☐ The court-appointed special advocate (name): Date notified:		
		(1) ☐ In person(2) ☐ By phone at (specify):		
	j.	☐ The educational or developmental representative (name):		
		 (1) ☐ In person (2) ☐ By phone at (specify):		
	k.	Attorney for the child welfare agency (name): Date notified:		
		(1)		
	1.	☐ District Attorney (name):	Date notified:	
		(1) ☐ In person(2) ☐ By phone at (specify):		
	m.	☐ De facto parent (name): (1) ☐ In person	Date notified:	
	n	(2) By phone at (specify): Attorney for de facto parent (name):		
	11.	Date notified: (1) In person		
		(2) By phone at (specify):		
	0.	☐ Other (name):	Date notified:	
		(2) By phone at (specify): (3) Relationship to child (specify):		

Case Number:

	Case Number:
p. Other (name): (1) In person (2) By phone at (specify): (3) Relationship to child (specify):	Date notified:
I declare under penalty of perjury under the laws of the State	of California that the foregoing is true and correct.
Date:	•
Type or print your name	Sign your name