

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
NONMINOR'S NAME: _____ NONMINOR'S DATE OF BIRTH: _____ HEARING DATE AND TIME: _____	
<b>TERMINATION OF JUVENILE COURT JURISDICTION—NONMINOR</b>	CASE NUMBER: _____
<b>Directions for the social worker or probation officer:</b> Check the appropriate boxes in items 1 through 6, complete item 7, attach or submit to the court documents as required, and sign and date item 7.	
<b>Directions for the nonminor (if nonminor is available):</b> Review the boxes checked by the social worker or probation officer in items 1 through 6. If the box checked in item 1 is wrong, check the correct box and sign your initials next to the box. Sign your initials on the lines after items 2a–i, 3a–l, 4, 5a–b, and 6a–h <b>only if</b> you received the information, document, or service described in that item. Then sign and date item 7. You should give the form to the judge on the day of the hearing if you didn't give it to your social worker, probation officer, or attorney before the hearing.	

1. a.  The nonminor wants to attend the termination hearing  in person  by telephone.
- b.  The nonminor does not want to attend the termination hearing. The petitioner has attached verification that the nonminor has been informed of the potential consequences of failure to attend the termination hearing.
- c.  The nonminor is unavailable or has refused to sign this form. Documentation of reasonable efforts to locate the nonminor and to obtain the nonminor's signature is attached.
  
2. An attached report or report submitted to the court verifies that the nonminor has received written information about the nonminor's juvenile court case, including (*check all that apply*):
  - a.  The nonminor's Indian heritage or tribal connections \_\_\_\_\_
  - b.  The nonminor's family history \_\_\_\_\_
  - c.  The nonminor's placement history \_\_\_\_\_
  - d.  The nonminor's educational history and medical history \_\_\_\_\_
  - e.  Any photographs of the nonminor or the nonminor's family in the possession of the county welfare department or probation department, other than forensic photographs \_\_\_\_\_
  - f.  Contact information for all siblings under juvenile court jurisdiction, unless the court determines that sibling contact would jeopardize the safety or welfare of either sibling \_\_\_\_\_
  - g.  Instructions on how the nonminor may exercise the right to inspect and receive a copy their juvenile case file, including how to access sealed records (see Welf. & Inst. Code, §§ 389(a), 781(a)(4), 786(g)(1)(F), 826.6, 827; Cal. Rules of Court, rule 5.552) \_\_\_\_\_
  - h.  If the nonminor requests, assistance in completing a voluntary reentry agreement for care and placement pursuant to Welf. & Inst. Code § 1140 and in filing a petition pursuant to Welf. & Inst. Code § 338(e) to resume dependency jurisdiction \_\_\_\_\_
  - i.  The date on which the jurisdiction of the court would be terminated \_\_\_\_\_
  
3. The nonminor has been provided with the following documents (*check all that apply*):
  - a.  A certified copy of the nonminor's birth certificate \_\_\_\_\_
  - b.  Social security card \_\_\_\_\_
  - c.  California identification card or driver's license \_\_\_\_\_
  - d.  Proof of citizenship or lawful permanent resident status \_\_\_\_\_
  - e.  A copy of the death certificate of the nonminor's parent or parents \_\_\_\_\_
  - f.  Health and Education Passport \_\_\_\_\_

NONMINOR'S NAME:	CASE NUMBER:
------------------	--------------

- 3. g.  A blank advance health care directive form \_\_\_\_\_
- h.  A letter prepared by the county welfare department that includes the nonminor's name and date of birth, the dates during which the nonminor was within the jurisdiction of the juvenile court, and a statement that the nonminor was a foster child in compliance with state and federal financial aid documentation requirements \_\_\_\_\_
- i.  Written information notifying the nonminor of any financial literacy programs or other available resources provided through the county or other community organizations to help the nonminor obtain financial literacy skills, including but not limited to banking, credit card debt, student loan debt, credit scores, credit history, and personal savings \_\_\_\_\_
- j.  Written information notifying the nonminor that state agencies, when hiring for internships and student assistant positions, must give preference to qualified applicants up to 26 years of age who are or have been dependent children in foster care, homeless youth, or formerly incarcerated youth \_\_\_\_\_
- k.  The nonminor's 90-day Transition Plan \_\_\_\_\_
- l.  A copy of each of the following: *How to Ask to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-464-INFO), a blank *Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-466), and a blank *Confidential Information—Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-468) \_\_\_\_\_
- 4.  The nonminor continues to be eligible for services or accommodations under the Individuals with Disabilities Education Act, the Americans with Disabilities Act, or section 504 of the Rehabilitation Act of 1973, and the nonminor has been provided with the most recent service or accommodation plan. \_\_\_\_\_
- 5.  The nonminor has been receiving services as provided in the Individuals with Disabilities Education Act (see 34 C.F.R. §§ 300.320(b)–(c) & 300.321(b)), and
  - a.  has received a copy of their transition service plan. \_\_\_\_\_
  - b.  has been informed of the rights that will transfer to them under this Act. \_\_\_\_\_
- 6. The nonminor received the following assistance or services (*check all that apply*):
  - a.  Written verification of continued enrollment in Medi-Cal with no interruption in coverage \_\_\_\_\_ and provision of
    - 1.  Medi-Cal Benefits Identification Card \_\_\_\_\_
    - 2.  Information about eligibility for extended Medi-Cal benefits until age 26 \_\_\_\_\_
  - b.  Help applying to college, a vocational training program, or another educational or employment program \_\_\_\_\_
  - c.  Help obtaining financial aid for college, a vocational training program, or another educational or employment program \_\_\_\_\_
  - d.  Referrals to transitional housing, if available, or assistance in securing other housing \_\_\_\_\_
  - e.  Assistance obtaining employment or other financial support \_\_\_\_\_  
 including completing enrollment in CalFresh \_\_\_\_\_
  - f.  Help maintaining relationships with individuals important to the nonminor, consistent with their best interests (*required only if the nonminor has been in an out-of-home placement for six months or longer*) \_\_\_\_\_
  - g.  Help accessing the Independent Living Aftercare Program in the nonminor's county of residence \_\_\_\_\_
  - h.  Other services ordered by the court (*specify*): \_\_\_\_\_

7. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF SOCIAL WORKER OR PROBATION OFFICER)
----------------------	---

I certify that I have received the information, documents, and services that I initialed above.

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF NONMINOR)
----------------------	-------------------------