

**Objection to Out-of-County Placement and Notice of Hearing**

Clerk stamps date here when form is filed.

If you do not agree with the out-of-county placement of the child, you can request a court hearing by filling out this form. The following people can object to the placement: the child’s parent or guardian, the child’s attorney, the child (if 10 years of age or older), and the child’s identified Indian tribe or custodian. After you complete and sign this form, bring it to the clerk of the court.

If you are not an attorney and you requested the hearing, the clerk will provide notice of the hearing to you and any other participants.

If you are an attorney in this matter and you requested the hearing, you must provide notice of the hearing to all other participants.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in child's name and date of birth:

**Child's Name:**  
**Date of Birth:**

Court fills in case number when form is filed.

**Case Number:**

- 1 a. Name: \_\_\_\_\_
- b. I am the  child  child’s attorney  child’s parent  
 child’s identified Indian tribe  child’s Indian custodian  
 parent’s attorney
- c.  Confidential address
- d. Address: \_\_\_\_\_

**2 Notice of court hearing**

A court hearing is scheduled on the objection to out-of-county placement.

<b>Hearing Date &amp; Time</b>	→ Date: _____ Dept.: _____	Time: _____ Room: _____	Name and address of court if different from above: _____ _____ _____
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- 3  Parent or guardian (*name & address*): \_\_\_\_\_  
 Confidential address in court file
- 4  Parent or guardian (*name & address*): \_\_\_\_\_  
 Confidential address in court file
- 5  Parent or guardian’s attorney (*name & address*): \_\_\_\_\_  
 \_\_\_\_\_
- 6  Parent or guardian’s attorney (*name & address*): \_\_\_\_\_  
 \_\_\_\_\_





Child's name: \_\_\_\_\_

Case Number:  
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I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct, which means that if I lie on this form, I am committing a crime.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

▲ \_\_\_\_\_  
*Sign your name*

**What if I am deaf or hard of hearing?**



**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](http://www.courts.ca.gov/forms) for a *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

