

ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NO:		FOR COURT USE ONLY
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE NO.:		FAX NO.:		
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:				
CHILD'S NAME:				
JUVENILE DEPENDENCY PETITION (VERSION TWO) (Welf. & Inst. Code, § 300 et seq.)				CASE NUMBER:
<input type="checkbox"/> § 300—Original <input type="checkbox"/> § 342—Subsequent <input type="checkbox"/> § 387—Supplemental				RELATED CASE (if any):

1. Petitioner on information and belief alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code (check applicable subdivisions for each child; see attachment 1a for concise statements of facts):				
b. <u>Child's name</u> <u>Age</u> <u>Date of birth</u> <u>Gender</u> <u>Section 300 subdivisions (check all that apply):</u>				
1. <input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(4) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j 2. <input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(4) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j 3. <input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(4) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j 4. <input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(4) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j 5. <input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(4) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j				
c. Name: Address:		<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
		<input type="checkbox"/> unknown		<input type="checkbox"/> unknown
If mother or father (check all that apply):		If mother or father (check all that apply):		
<input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged		<input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged		
e. Name: Address:		<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> guardian
		<input type="checkbox"/> unknown		<input type="checkbox"/> unknown
If mother or father (check all that apply):		f. Other (state name, address, and relationship to child):		
<input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged		<input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.		
g. Prior to intervention, child resided with		h. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention (address): <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other		
<input type="checkbox"/> parent (name): <input type="checkbox"/> parent (name): <input type="checkbox"/> guardian (name): <input type="checkbox"/> Indian custodian (name): <input type="checkbox"/> other (state name, address, and relationship to child):				

(See important notice on page 2.)

CHILD'S NAME:	CASE NUMBER:
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2. Indian Child Welfare Act Inquiry (*check one*):

- a. I have asked whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member, and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- b. On information and belief, I am aware that inquiry has been completed by (*insert name*): and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- c. Inquiry about whether the child is or may be a member of an Indian tribe or eligible for membership, and the biological child of a member has not yet been completed for the reasons set out below. I am aware of the ongoing obligation to complete this inquiry and will complete the *Indian Child Inquiry Attachment* (form ICWA-010(A)), and submit it to the court as soon as possible.

3. Petitioner requests that the court find these allegations to be true.

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 PETITIONER)

Address and telephone number (*if different person signing than listed in caption above*):

Number of pages attached: _____

— NOTICE —

TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

**TO PARENTS OR OTHERS LEGALLY RESPONSIBLE
FOR THE SUPPORT OF THE CHILD**

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.