

This form can be used to ask the court to change an order, to ask the court to dismiss your case, to ask the court to terminate reunification services, or to ask the court to recognize your relationship with your sister or brother. After filling out this form, take it to the clerk of the court.

**1** Your information:

a. I am the:

- child       parent       legal guardian  
 foster parent       sibling or other relative (specify): \_\_\_\_\_  
 social worker       probation officer       attorney  
 other \_\_\_\_\_

b. My name: \_\_\_\_\_

c. My address: \_\_\_\_\_

d. My city, state, zip code: \_\_\_\_\_

e. My telephone number: \_\_\_\_\_

f. If you are an attorney:

My client's name: \_\_\_\_\_

My client's address (if confidential, see item 3): \_\_\_\_\_

My client's relationship to the child: \_\_\_\_\_

My State Bar number: \_\_\_\_\_

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in child's name:

**Name of Child:**

Clerk fills in case number when form is filed.

**Case Number:**

**2** Type of request (check the appropriate box below and add specific details in items 6–9, as applicable):

- a.  I am asking the court to change an order.  
 b.  I am asking the court to terminate its jurisdiction.  
 c.  I am asking the court to terminate reunification services.  
 d.  I am asking the court to order that reunification services be resumed for six months.  
 e.  I am asking the court to recognize my relationship with my sibling(s).  
     (1) I am related to my sibling(s) through (name of parent): \_\_\_\_\_  
     (2) I am related to my sibling(s)  by blood or adoption  by marriage.

**3** If you want to keep your address or your client's address confidential, fill out Confidential Information (Request to Change Court Order) (form JV-182), and do not write the address on this form.

Check here if form JV-182 is attached.

**4** Child's information:

a. Name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Attorney (if known): \_\_\_\_\_

d. The child lives with or in a (check all that apply):

- parent       legal guardian       relative  
 foster home       group home       I don't know

e. Name of the person the child lives with or the place where he or she lives: \_\_\_\_\_

Address: \_\_\_\_\_

Check here if unknown.



Name of child: \_\_\_\_\_

**5** Information about parents, legal guardians, and others:

a. Names of parents or legal guardians:

 (Check here if unknown.)

b. Address of parent/legal guardian: \_\_\_\_\_

 (Check here if unknown.)

c. Address of parent/legal guardian: \_\_\_\_\_

 (Check here if unknown.)

d. Indian tribe (if applicable and known): \_\_\_\_\_

e. CASA volunteer (if applicable and known): \_\_\_\_\_

f. Educational rights holder (if applicable and known): \_\_\_\_\_

g. Social worker or probation officer (if applicable and known): \_\_\_\_\_

If you are asking the court to recognize your relationship with your sibling but not asking the court to change an order, you may skip to item 8.

**6** On (date, if known): \_\_\_\_\_ the judge made the following order that I think should be changed:

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**7** What has happened since that order that might change the judge's mind? (Give new information that the judge did not have when the order was made):

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**8** What new order or orders do you want the judge to make now?

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**9** Why would the requested order or action be better for the child?

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**10**  Check here if you need more space for any of the answers. Attach a sheet of paper and write "JV-180" at the top of the page. Number of pages attached: \_\_\_\_\_

Name of child: \_\_\_\_\_

- (11)** I have had a copy of my request sent to the people listed below, as applicable. I have checked the correct box to the right of each name to show whether, as far as I know, that person agrees with my request.

*If you do not have an attorney, the clerk will send notice and copies of your request to all persons required to receive notice under Welfare and Institutions Code sections 297 and 386 and rules 5.524 and 5.570 of the California Rules of Court.*

Name	Agree	Disagree	Don't Know	Not Applicable
Child (if 10 years old, or older):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's attorney:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation officer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current caregiver/foster parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preadoptive parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASA volunteer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational rights holder:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian tribe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian custodian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling (if petition filed & 10+ years old):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling's caregiver:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling's attorney:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for parent/legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for parent/legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County counsel:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District attorney:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- (12)** You can ask the judge to make a decision without a court hearing if all the people named above agree with your request. *Check here  if you want a decision without a hearing.*

- (13)** If anyone disagrees with your request, please explain why (*if known*):
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- (14)** I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to the best of my knowledge.

Date:

*Type or print name*

  
Signature