

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.

- 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: _____

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:

2 Notice of court hearing

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

**Hearing
Date &
Time**

→ Date:
Dept.:

Time:
Room:

Name and address of court if different from above:

- 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: _____

7 If you are not the child's attorney and you know who the child's attorney is, fill out below.

- a. Name of child's attorney:
- b. Address of child's attorney:

8 The child is 10 years of age or older. Child's address: _____
 Confidential address in court file

9 The child has a Court Appointed Special Advocate (CASA) volunteer.
Address of CASA program, if known: _____

10 The child has an identified Indian tribe (*specify tribe*): _____
Address of tribe: _____

11 The child has an Indian custodian (*name*): _____
Address of custodian, if known: _____

12 The agency should not place the child outside the county because (*give reasons*):

If you need more space, attach a sheet of paper and write "JV-556, Item 12—Reasons Not to Place the Child Outside the County" at the top.

Number of pages attached: _____

Case Number:

Child's name: _____

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 for a *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)