

JV-236

Input on Placement in Short-Term Residential Therapeutic Program or Community Treatment Facility

Clerk stamps date here when form is filed.

Instructions:

Use this form if you do not agree with the placement of a child or nonminor dependent in a short-term residential therapeutic program or a community treatment facility. If the agency is asking for the court to approve the placement without a hearing, you must file this form within five court days of receiving the report for the hearing. The social worker or probation officer will inform you that they are requesting that the court approve the placement without a hearing by sending you form JV-240, *Notice of Request for Approval of Short-Term Residential Therapeutic Program or Community Treatment Facility Without a Hearing*. **The court may approve the placement and cancel the hearing if you do not file this form with your objection to the placement within five court days of receiving the report.** If you have a lawyer, talk to your lawyer right away. You can also use this form, if you want to give any input about the placement.

1 My contact information (if confidential, use form JV-287):

- a. Name: _____
- b. Address: _____
- c. City/State/Zip: _____
- d. Phone: _____
- e. Email: _____

Fill in court name and street address:

Superior Court of California, County of

Fill in child's/nonminor's name and date of birth:

Child's/Nonminor's name:**Child's/Nonminor's date of birth:**

Court fills in case number when form is filed.

Case Number:**2 Your relationship to the child or nonminor dependent:**

- a. I am the child or nonminor dependent in this case
- b. Parent or legal guardian
- c. Indian custodian
- d. Lawyer for parent, legal guardian, or Indian custodian
- e. Lawyer for child or nonminor dependent
- f. Representative of Indian tribe
- g. The district attorney, if the youth is a ward of the juvenile court
- h. Other (give relationship): _____

3 If you know when the child or nonminor dependent was placed in the program or facility give the (date): _____**4** Did you receive a copy of a report from the social worker or probation officer explaining the reasons for placement?

- Yes (date you received report): _____
 No

5 Why are you completing this form? (check one):

- I do not agree to the placement
 I want to provide my input on the placement



- 6** Explain why you do not agree, or any input you have about the placement:

- ## 7 Your signature

Date:

Type or print your name



Sign your name