

# **Request for Hearing on Waiver of Presumptive Transfer**

Clerk stamps date here when form is filed.

Use this form to request a court hearing to challenge the decision made by the placing agency on the request for waiver of presumptive transfer of the responsibility for specialty mental health services. (Read form JV-214-INFO, *Instructions for Requesting a Hearing to Review Waiver of Presumptive Transfer of Specialty Mental Health Services*).

**1** My relationship to the child or nonminor:

- a.  Self
- b.  Person or agency responsible for making mental health decisions on behalf of the child or nonminor
- c.  The child's or nonminor's attorney
- d.  Parent or legal guardian
- e.  Other: \_\_\_\_\_

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

- a. Name: \_\_\_\_\_
- b. Street address: \_\_\_\_\_
- c. City/State/Zip: \_\_\_\_\_
- d. Telephone number: \_\_\_\_\_
- e. E-mail 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/Nonminor's Name:**

**Date of Birth:**

Court fills in case number when form is filed.

**Case Number:**

**3** The child or nonminor is placed or will be placed in a county that is not the county of original jurisdiction (home county). The out-of-county placement is in (*name county*): \_\_\_\_\_ county.

**4** A request was made to the agency making this placement that the responsibility for providing specialty mental health services to the child or nonminor should be waived and not transferred to the new county. That request was made on (*date*) \_\_\_\_\_ by (*name*): \_\_\_\_\_.

**5** On (*date*): \_\_\_\_\_, the agency making the placement informed me:

- a.  That an exception or waiver applies to the rule that the responsibility for providing specialty mental health services be transferred to the county where the child or nonminor lives or will live, and the responsibility should remain with the child's or nonminor's home county.
- b.  That the request for the waiver of the responsibility for the child's or nonminor's specialty mental health services is denied and the responsibility for those services should be transferred to the new county of residence.

**6** I disagree with the agency's decision about transferring the responsibility for specialty mental health services to the new county, as follows:

- a.  The responsibility for the child's or nonminor's specialty mental health services should transfer to the county where the child or nonminor lives or will live.



Child's/Nonminor's Name:

Case Number:

- 6 b.  The following exception to presumptive transfer should be applied and the responsibility for providing or arranging specialty mental health services should remain with the child's or nonminor's home county:
- (1)  The transfer would disrupt continuity of care or delay access to services provided to the child or nonminor.
  - (2)  The transfer would interfere with family reunification efforts documented in the individual case plan.
  - (3)  The child's or nonminor's placement in a county other than the county of original jurisdiction is expected to last less than six months.
  - (4)  The child's or nonminor's residence is within 30 minutes of travel time to his or her established specialty mental health care provider in the county of original jurisdiction.

- 7 My request in 6 is in the child's or nonminor's best interests because (*explain the best interest to the child or nonminor and provide a brief factual description of the exception to presumptive transfer selected in item 6b*):
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- 8 I am requesting that the court grant a hearing on this matter.

- 9 On (date): \_\_\_\_\_ I informed the placing agency that I was requesting a court hearing to review the decision on presumptive transfer by providing the placing agency with a copy of this form.

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

Type or print your name



Sign your name