

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD'S NAME:		
APPLICATION TO COMMENCE JUVENILE COURT PROCEEDINGS AND DECISION OF SOCIAL WORKER (Welfare & Institutions Code, § 329)		CASE NUMBER:

Instructions: All applicants, complete part I. Individuals, complete part II, not part III. Probate court, skip part II and complete part III.

To the social worker or the child welfare agency of the county named above:

PART I. CHILD'S INFORMATION

1. a. Child's name:
b. Age:
c. Date of birth:
d. Sex:
e. (1) Parent's name: Mother Father Other parent
(2) Parent's address:
f. (1) Parent's name: Mother Father Other parent
(2) Parent's address:
g. Other caregiver, including Indian custodian (name, address, and relationship to child):

2. The child described in item 1
a. resides in this county.
b. was in this county at the time of the events alleged below.

PART II. APPLICANT'S AFFIDAVIT

3. My name and address:

4. My relationship to the child named in item 1 (specify):
5. The child named in item 1 is being abused or neglected, or is at risk of abuse or neglect, as described in Welfare and Institutions Code section 300. I am applying for an investigation and commencement of proceedings in juvenile court.
6. Facts in support of application (describe what happened concisely, and include all known and relevant dates, times, names, and addresses; use additional pages as needed, and label them as Attachment 6):

Continued on Attachment 6. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

CHILD'S NAME:

CASE NUMBER:

PART III. PROBATE COURT REFERRAL

7. The Superior Court of _____ County, Department _____, sitting as a probate court and assigned to determine a petition for appointment of a guardian of the child named above in case number _____, has determined that the child named above is or may be described by Welfare and Institutions Code section 300. The court refers the child to the county child welfare agency for an investigation to determine whether proceedings in juvenile court should be commenced.
8. The child is or may be described by Welfare and Institutions Code section 300 for the following reasons:

Continued on Attachment 8. Number of pages attached: _____

9. The following documents are attached to this form:

- a. A copy of the *Petition for Appointment of Guardian of Minor* (form GC-210) or *Petition for Appointment of Guardian of the Person* (form GC-210(P)) and all attachments filed in the probate guardianship proceeding identified above.
- b. A copy of the investigator's report filed in the guardianship proceeding.
- c. Other documents containing material information (*name or brief description of each document or material*):
 (1) (Name or description):
 (2) (Name or description):

Date:

JUDICIAL OFFICER**DECISION OF SOCIAL WORKER OR CHILD WELFARE AGENCY**

10. Social worker information:

- a. Name:
- b. Agency:
- c. Address:
- d. Telephone number:
- e. Email address:

11. After conducting the investigation required in response to the affidavit on page 1 or the referral above, I have decided:

- a. to commence dependency proceedings by filing a petition in juvenile court.
- b. not to commence dependency proceedings in juvenile court because (*specify reasons, as well as any recommendation made to the applicant*):

Continued on Attachment 11b. Number of pages attached: _____

12. The report of the findings and conclusions of my investigation is appended as Attachment 12.

I declare under penalty of perjury under the laws of the State of California that I am a social worker of the county in which this application was submitted, I am authorized to determine whether to commence proceedings in the juvenile court, and the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF SOCIAL WORKER)