

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and state Bar number, and address</i>):		
TELEPHONE NO.: E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
NONMINOR'S NAME:		
NOTICE OF HEARING <input type="checkbox"/> NONMINOR DEPENDENT REVIEW HEARING <input type="checkbox"/> OTHER		CASE NUMBER:

NOTICE TO (*name and address*):

1. A hearing will be held

on (<i>date</i>):	at (<i>time</i>):	in Dept.:	Room:
located at <input type="checkbox"/> court address above <input type="checkbox"/> Other (<i>specify address</i>):			

2. At the hearing, the court will

- a. review the nonminor dependent's goals and services as described in the Transitional Independent Living Case Plan and the efforts and progress made toward achieving independence.
- b. determine if the nonminor dependent can return to the home of a parent or former legal guardian.
- c. determine whether to terminate or continue court-ordered family reunification services.
- d. other (*specify*):

3. THE SOCIAL WORKER PROBATION OFFICER RECOMMENDS

- a. a change in orders, services, placement, or status (*specify*):
- b. no change in orders, services, placement, or status.
- c. Other (*specify*):

4. TO THE NONMINOR

- a. **You have the right to be present at the hearing, to present evidence, and to be represented by an attorney.** You may invite other persons to attend the hearing.
- b. **You may appear for the hearing by telephone.** Instructions about the local court procedures for arranging to appear and appearing at the hearing by telephone are included with this notice.
- c. Prior to the hearing, the social worker or probation officer will prepare a report with recommendations. You must be provided with a copy of this report.
- d. The court will proceed with this hearing whether or not you are present.

5. TO THE PRESENT SUPERVISOR OF THE NONMINOR DEPENDENT'S RESIDENCE, IF ANY

- a. You may be present at the hearing.
- b. You may submit relevant written material to the court.

NONMINOR'S NAME:	CASE NUMBER:
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6. TO THE PARENT(S) RECEIVING COURT-ORDERED FAMILY REUNIFICATION SERVICES, IF ANY

- a. You have the right to be present at the hearing, to present evidence, and to be represented by an attorney. In a dependency matter, the court will appoint an attorney for you if you cannot afford one.
- b. Before the hearing, the social worker or probation officer will prepare a report with recommendations. Parents and legal guardians must be provided with a copy of this report.
- c. The court will proceed with this hearing whether or not you are present.

Date: _____

(TYPE OR PRINT NAME)



SIGNATURE

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