ATTORNEY OR AGENCY SUBMITTING NOTICE (Name, Department, State Bar number and addr	ess):	For Court Use Only
TELEPHONE NO: FAX NO (Optional):		
TELEPHONE NO: FAX NO (Optional): E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDING)	
STREET ADDRESS: MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CASE NAME:		
NOTICE OF SPECIAL HEARING		CASE NUMBER:
JUVENILE DELINQUENCY PROCEEDING		
Welfare & Institutions Code § 602		RELATED CASE (if any):
1. A hearing will be held:		
on (date):at (time):	ir	n Dept.:
located at: 900 EAST GILBERT STREET, BLDG. 35, SAN BERNARDINO, CA. 92415-0942		
2. Uppering data approved by accutegoes on (data)		
2. Hearing date approved by courtroom on (date):		
2. This begring is far the number of		
3. This hearing is for the purpose of:		
I served a copy of the NOTICE OF SPECIAL HEARING on (date)_	on the following	persons or entities (indicate name of
person served and method of service):		
District Attorney:	Attorney - other:	
Public Defender:	Attorney - other:	
□ Juvenile Court Attorneys of SB:	Probation Department:	
Clark & Le, LLP:	Probation Court Officer:	
Friedland & Associates:		
At the time of service I was at least 18 years of age and not a party		
service occurred. My residence or business address is (specify):		
I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Date:		

(TYPE OR PRINT NAME)

(SIGNATURE)