

ATTORNEY OR AGENCY SUBMITTING NOTICE (Name, Department, State Bar number and address): TELEPHONE NO: _____ FAX NO (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (name): _____	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 860 EAST GILBERT STREET MAILING ADDRESS: 860 EAST GILBERT STREET CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0955 BRANCH NAME: JUVENILE DEPENDENCY COURT	
CASE NAME: _____	
NOTICE OF SPECIAL HEARING JUVENILE DEPENDENCY PROCEEDING Welfare & Institutions Code § 300	CASE NUMBER: _____ RELATED CASE (if any): _____

1. A hearing will be held:

on (date): _____ at (time): _____ in Dept.: _____
 located at: **860 EAST GILBERT STREET, SAN BERNARDINO, CA. 92415-0955**

2. Hearing date approved by courtroom on (date): _____

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*):

- | | |
|---|---|
| <input type="checkbox"/> County Counsel: _____ | <input type="checkbox"/> Attorney - other: _____ |
| <input type="checkbox"/> Children's Advocacy Group: _____ | <input type="checkbox"/> Attorney - other: _____ |
| <input type="checkbox"/> Friedman & Cazares: _____ | <input type="checkbox"/> Dept. of Children and Family Services: _____ |
| <input type="checkbox"/> Clark & Le, LLP: _____ | <input type="checkbox"/> CFS Court Officer: _____ |
| <input type="checkbox"/> Friedland & Associates: _____ | <input type="checkbox"/> Other: _____ |

At the time of service I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the 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)