

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF: _____	
ORDER DECLARING CHILD(REN) FREE FROM PARENTAL CUSTODY AND CONTROL	CASE NUMBER: _____

1. This proceeding was heard on (date): _____ at (time): _____ in Dept.: _____ by Judge
 (name): _____ Temporary Judge

2. On the verified petition filed (date): _____ by (name): _____ and a
 citation having been issued requiring

_____ *Name(s) of Citee(s)*

to appear at this time and place, and due service of said citation having been made as directed by the Court and
 required by law, and _____

Full name(s) of Petitioners

being present in Court, and citee(s) having (failed to appear) (appeared) and evidence both oral and documentary being
 offered and received, and the written report having been filed herein and considered by the Court; and the Court finds
 allegations in petition sufficient and true and the Court finds that a return of custody to the parent(s) would be
 detrimental to the child(ren) and freeing the child(ren) from the custody of his/her/their parent(s) is in the best interest
 of the child(ren).

2. Court orders the petition granted and declares the child(ren) _____ *Name of Child(ren)*
 free from the custody and control of _____
 said parent(s), and of all persons claiming to be the father and/or mother of said child(ren).

Dated _____

Judge/Commissioner of Superior Court