

ATTORNEY OR AGENCY SUBMITTING NOTICE (<i>Name, Department, State Bar number and address</i>): TELEPHONE NO: _____ FAX NO (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>name</i>): _____	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CASE NAME: _____	
NOTICE OF SPECIAL HEARING JUVENILE DELINQUENCY PROCEEDING Welfare & Institutions Code § 602	CASE NUMBER: _____ RELATED CASE (<i>if any</i>): _____

1. A hearing will be held:

on (*date*): _____ at (*time*): _____ in Dept.: _____
 located at: _____

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"/> District Attorney: _____ | <input type="checkbox"/> Attorney - other: _____ |
| <input type="checkbox"/> Public Defender: _____ | <input type="checkbox"/> Attorney - other: _____ |
| <input type="checkbox"/> Friedman, Cazares & Gilleece: _____ | <input type="checkbox"/> Probation Department: _____ |
| <input type="checkbox"/> Alvarenga & Clark: _____ | <input type="checkbox"/> Probation 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)