CLEAR FORM

ATTORNEY OR AGENCY SUBMITTING NOTICE *(Name, Department, State Bar number and address):*	*For Court Use Only*
TELEPHONE NO: FAX NO *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(name):*	
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)***:

☐ County Counsel*:* _____ ☐ Attorney - other: _____

☐ Children's Advocacy Group _____ ☐ Attorney - other: _____

☐ Friedman, Cazares & Gilleece: _____ ☐ Department of Children and Family Services: _____

☐ Alvarenga & Clark: _____ ☐ CFS Court Officer: _____

☐ Friedland & Associates: _____ ☐ 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)