

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: 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: _____	
OBJECTION / RESPONSE TO PACKET JUVENILE DEPENDENCY PROCEEDING Welfare & Institutions Code § 300	CASE NUMBER: _____ RELATED CASE <i>(if any):</i> _____

(Name of attorney) _____ attorney for *(name of party)* _____

1. Objects to the packet dated *(date of packet)* _____ for the following reason: _____

a. Attorney objects to the packet for the record, however a hearing is not being set.

b. **A hearing on this objection will be held:**

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

located at: **860 EAST GILBERT STREET, SAN BERNARDINO, CA. 92415-0955**

c. Hearing date approved by courtroom on *(date):* _____

2. Requests to hold packet dated *(date of packet)* _____ for an additional *(number of weeks)* _____ weeks for the following reason: _____

3. Objection / Response to the packet filed on *(date)* _____ is withdrawn.

a. Objection to Packet hearing set for *(date of hearing)* _____ is vacated.

I served a copy of the OBJECTION / RESPONSE TO PACKET 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: _____ Dept. 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)