

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR: <i>(name)</i> :	TELEPHONE NUMBER:	FOR COURT USE ONLY
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> STREET ADDRESS: MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, CA 95113 BRANCH:		
In the Matter of (Name of Child), a Minor, [D.O.B. _____]		
<p>PETITION AND ORDER RE HEARING TO REVIEW CASE</p>		CASE NUMBER:

Petitioner is the Court Appointed Child Advocate with respect to the Minor. Petitioner requests that the case be set for *(check one)*:

- An *ex parte* review (Minor and parents **are not** required to attend).
- A *parte* review (Minor and parents **are** required to attend).

Reason for request: _____

Date: _____ Signature: _____
 Type / Print Name: _____

COURT ORDER

- The Petition is granted.
 The case is set for hearing on: _____
 Petitioner shall give ten days' notice of hearing date to:

<input type="checkbox"/> District Attorney	<input type="checkbox"/> Attorney for child
<input type="checkbox"/> Parent(s) or Guardian(s)	<input type="checkbox"/> Probation Department
<input type="checkbox"/> Child	<input type="checkbox"/> Other: _____
- The Petition is denied.
- Additional Orders: _____

Date: _____

 Judicial Officer