

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
REQUEST FOR EX PARTE HEARING TO RETURN PHYSICAL CUSTODY OF AN INDIAN CHILD	CASE NUMBER:

1. Child's name: _____ Date of birth: _____
2. Your information:
 - a. I am the:

<input type="checkbox"/> child or youth	<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> legal guardian
<input type="checkbox"/> Indian custodian	<input type="checkbox"/> tribal representative or attorney	<input type="checkbox"/> other party (specify): _____	
 - b. My name: _____
 - c. My address:

City: _____	State: _____	Zip code: _____
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 - d. My telephone number: _____
 - e. *If you are an attorney:*
 My client's name: _____
 My client's relationship to the child or youth: _____
3. The child is or there is reason to know the child is an Indian child.
4. At a hearing on _____, the court found that detention or removal of the child from the custody of the child's parent, Indian custodian, or legal guardian was necessary to prevent imminent physical damage or harm to the child justifying an emergency removal and placement of the child.
5. There is new information showing a change in circumstances since that emergency removal, and the child's placement is no longer necessary to prevent imminent physical damage or harm to the child. The new information showing this is:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: _____

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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