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

1. Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
2. a. Date of hearing: \_\_\_\_\_ Time: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room: \_\_\_\_\_
- b. Persons present:
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Child                           | <input type="checkbox"/> Parent (name):   | <input type="checkbox"/> Parent's attorney |
| <input type="checkbox"/> Child's attorney                | <input type="checkbox"/> Parent (name):   | <input type="checkbox"/> Parent's attorney |
| <input type="checkbox"/> Probation officer/social worker | <input type="checkbox"/> Guardian         | <input type="checkbox"/> Indian custodian  |
| <input type="checkbox"/> CASA                            | <input type="checkbox"/> County counsel   | <input type="checkbox"/> District attorney |
| <input type="checkbox"/> Tribal representative:          | <input type="checkbox"/> other (specify): |  |
3. Having read and considered the request to return physical custody of an Indian child and the evidence submitted therewith and the evidence and submissions at the hearing, the court finds and orders:
- a.  The child's emergency removal or detention and placement continues to be necessary to prevent imminent physical damage or harm to the child.
- b.  New information establishes that the child's emergency removal or detention and placement is no longer necessary to prevent imminent physical damage or harm to the child, and the child is ordered returned to the physical custody of:
- \_\_\_\_\_

Date:

\_\_\_\_\_  
 JUDICIAL OFFICER