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| ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____ 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: _____ | |
| JUVENILE DEPENDENCY PETITION (VERSION TWO) (Welf. & Inst. Code, § 300 et seq.) <input checked="" type="checkbox"/> § 300 - Original <input checked="" type="checkbox"/> § 342 - Subsequent <input checked="" type="checkbox"/> § 387 - Supplemental | CASE NUMBER: _____ RELATED CASE (if any): _____ |

1. Petitioner on information and belief alleges the following:

| | |
|---|---|
| a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code (check applicable subdivisions for each child; see attachment 1a for concise statements of facts): | |
| b. Child's name Age Date of birth Gender Section 300 subdivisions (check all that apply): | |
| 1. _____ | <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> b(1) <input checked="" type="checkbox"/> b(4) <input checked="" type="checkbox"/> c <input checked="" type="checkbox"/> d <input checked="" type="checkbox"/> e <input checked="" type="checkbox"/> f <input checked="" type="checkbox"/> g <input checked="" type="checkbox"/> h <input checked="" type="checkbox"/> i <input checked="" type="checkbox"/> j |
| 2. _____ | <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> b(1) <input checked="" type="checkbox"/> b(4) <input checked="" type="checkbox"/> c <input checked="" type="checkbox"/> d <input checked="" type="checkbox"/> e <input checked="" type="checkbox"/> f <input checked="" type="checkbox"/> g <input checked="" type="checkbox"/> h <input checked="" type="checkbox"/> i <input checked="" type="checkbox"/> j |
| 3. _____ | <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> b(1) <input checked="" type="checkbox"/> b(4) <input checked="" type="checkbox"/> c <input checked="" type="checkbox"/> d <input checked="" type="checkbox"/> e <input checked="" type="checkbox"/> f <input checked="" type="checkbox"/> g <input checked="" type="checkbox"/> h <input checked="" type="checkbox"/> i <input checked="" type="checkbox"/> j |
| 4. _____ | <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> b(1) <input checked="" type="checkbox"/> b(4) <input checked="" type="checkbox"/> c <input checked="" type="checkbox"/> d <input checked="" type="checkbox"/> e <input checked="" type="checkbox"/> f <input checked="" type="checkbox"/> g <input checked="" type="checkbox"/> h <input checked="" type="checkbox"/> i <input checked="" type="checkbox"/> j |
| 5. _____ | <input checked="" type="checkbox"/> a <input checked="" type="checkbox"/> b(1) <input checked="" type="checkbox"/> b(4) <input checked="" type="checkbox"/> c <input checked="" type="checkbox"/> d <input checked="" type="checkbox"/> e <input checked="" type="checkbox"/> f <input checked="" type="checkbox"/> g <input checked="" type="checkbox"/> h <input checked="" type="checkbox"/> i <input checked="" type="checkbox"/> j |
| c. Name: _____ <input checked="" type="checkbox"/> mother Address: _____ <input checked="" type="checkbox"/> father <input checked="" type="checkbox"/> guardian <input checked="" type="checkbox"/> unknown If mother or father (check all that apply): <input checked="" type="checkbox"/> legal <input checked="" type="checkbox"/> biological <input checked="" type="checkbox"/> presumed <input checked="" type="checkbox"/> alleged | d. Name: _____ <input checked="" type="checkbox"/> mother Address: _____ <input checked="" type="checkbox"/> father <input checked="" type="checkbox"/> guardian <input checked="" type="checkbox"/> unknown If mother or father (check all that apply): <input checked="" type="checkbox"/> legal <input checked="" type="checkbox"/> biological <input checked="" type="checkbox"/> presumed <input checked="" type="checkbox"/> alleged |
| e. Name: _____ <input checked="" type="checkbox"/> mother Address: _____ <input checked="" type="checkbox"/> father <input checked="" type="checkbox"/> guardian <input checked="" type="checkbox"/> unknown If mother or father (check all that apply): <input checked="" type="checkbox"/> legal <input checked="" type="checkbox"/> biological <input checked="" type="checkbox"/> presumed <input checked="" type="checkbox"/> alleged | f. Other (state name, address, and relationship to child) : <input checked="" type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court. |
| g. Prior to intervention, child resided with <input checked="" type="checkbox"/> parent (name): _____ <input checked="" type="checkbox"/> parent (name): _____ <input checked="" type="checkbox"/> guardian (name): _____ <input checked="" type="checkbox"/> Indian custodian (name): _____ <input checked="" type="checkbox"/> other (state name, address and relationship to child): _____ | h. Child is <input checked="" type="checkbox"/> not detained <input checked="" type="checkbox"/> detained Date and time of detention: _____ Current place of detention (address): _____ <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Shelter/foster care <input checked="" type="checkbox"/> Other |

(See important notice on page 2.)

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|---------------|--------------|
| CHILD'S NAME: | CASE NUMBER: |
|---------------|--------------|

2. Indian Child Welfare Act Inquiry (check one):

- a. I have asked whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member, and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- b. On information and belief, I am aware that inquiry has been completed by (insert name): and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- c. Inquiry about whether the child is or may be a member of an Indian tribe or eligible for membership, and the biological child of a member has not yet been completed for the reasons set out below. I am aware of the ongoing obligation to complete this inquiry and will complete the *Indian Child Inquiry Attachment* (form ICWA-010(A)), and submit it to the court as soon as possible.

3. Petitioner requests that the court find these allegations to be true.

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 OF PETITIONER)

Address and telephone number (if different person signing than listed in caption above):

Number of pages attached: _____

- NOTICE -

TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

**TO PARENTS OR OTHERS LEGALLY RESPONSIBLE
FOR THE SUPPORT OF THE CHILD**

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.