

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number and mailing address</i>): <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO. (<i>Optional</i>): _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
APPLICATION TO COMMENCE PROCEEDINGS BY AFFIDAVIT AND DECISION BY SOCIAL WORKER (Welf. & Inst. Code, § 329)	CASE NUMBER:

To the social worker or social services agency of (*specify county*):

1. I allege that the child described below is being abused or neglected or at risk of abuse or neglect as defined in Welfare and Institutions Code section 300. I request that the social worker or agency immediately begin proceedings in the juvenile court on behalf of the child described below.

2. My name and address:

3. My relationship to the child described below (*specify*):

4. I am providing the following information about the child.

- a. Child's name:
- b. Age:
- c. Date of birth:
- d. Sex:
- e. Mother's name:
- f. Mother's address:
- g. Father's name:
- h. Father's address:
- i. Other (*state name, address, and relationship to child*):

5. The child described in item 4 above

- a. resides within this county.
- b. was in this county at the time of the facts alleged below.

6. Facts in support (*state supporting facts concisely and include all known and relevant dates, times, names, and addresses. Attach separate pages as necessary*):

See attachment 6. Number of pages attached: _____

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

CHILD'S NAME: 	CASE NUMBER:
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DECISION OF SOCIAL WORKER OR SOCIAL SERVICES AGENCY

8. Social worker information:

- a. Name:
- b. Agency:
- c. Address:
- d. Telephone number:

9. After consideration of the application above, the SOCIAL WORKER HAS DECIDED

- a. to commence proceedings in juvenile court on these allegations.
- b. not to commence proceedings in juvenile court on these allegations because (*specify*):

See attachment 9. Number of pages attached: _____

10. I declare I am a social worker of the county in which this application was submitted and am duly authorized to make this decision.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF SOCIAL WORKER)