

Notice of and Order on Request for Hearing on Waiver of Presumptive Transfer

Clerk stamps date here when form is filed.

The Court Finds and Orders:

1 The request for a hearing to review the request for waiver of presumptive transfer of the child's or nonminor's specialty mental health services filed on: _____, is granted and will be held as follows:

a. Date: _____ Time: _____
Dept.: _____ Div.: _____
Room: _____

b. Address of court: _____

Fill in court name and street address:

Superior Court of California, County of

2 The court has denied the request for a hearing to review presumptive transfer of the responsibility for specialty mental health services to the county of the child's or nonminor's residence. Unless a separate request was made for the court to review the waiver of presumptive transfer, the county placing agency is responsible for determining the outcome to the request for a waiver. Reason for denial:

- Request is not in the child's or nonminor's best interest.
- A valid exception to presumptive transfer is not indicated.
- Person or agency making the request does not have standing to request a hearing.
- Other: _____

Fill in child's name and date of birth:


Child's/Nonminor's Name:

Date of Birth:

Court fills in case number when form is filed.

Case Number:

Date: _____


Judge (or Judicial Officer)

3 Notice to:

- | | | |
|--|---|--|
| a. <input type="checkbox"/> Social worker
Name: _____ | <input type="checkbox"/> Probation officer
Name: _____ | <input type="checkbox"/> Attorney
Name: _____ |
| b. <input type="checkbox"/> Mother
Name: _____ | <input type="checkbox"/> Father
Name: _____ | <input type="checkbox"/> Legal guardian
Name: _____ |
| c. <input type="checkbox"/> Mother
Name: _____ | <input type="checkbox"/> Father
Name: _____ | <input type="checkbox"/> Legal guardian
Name: _____ |
| | | <input type="checkbox"/> Attorney
Name: _____ |

Child s/Nonminor s name:

Case Number:

- 3 d. Mother Father Legal guardian Attorney
 Name: _____ Name: _____
- e. Petitioner Attorney
 Name: _____ Name: _____
- f. Child, if 10 years of age or older, or nonminor Attorney
 Name: _____ Name: _____
- g. Legal guardian or guardians of the child
 Name: _____
- h. The Indian child s tribe, if applicable, as defined in rule 5.502
 Name: _____
- i. Mental health care decision maker for the child or nonminor, if one has been appointed under section 361(a)(1)
 Name: _____
- j. Child s caregiver
 Name: _____
- k. Known dependent siblings of the child or nonminor
 Name: _____

- l. Other: _____
 Name: _____

Date: _____

Type or your print name

▶ _____
Sign your name