

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ 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:	
CASE NAME:	
NOTICE OF REVIEW HEARING <input type="checkbox"/> 6 MONTH <input type="checkbox"/> 12 MONTH <input type="checkbox"/> 18 MONTH <input type="checkbox"/> OTHER	CASE NUMBER:

NOTICE TO *(name and address):*

1. A review hearing will be held

on <i>(date):</i>	at <i>(time):</i>	in Dept.:	Room:
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located at court address above other *(specify address):*

2. At the review hearing, the court will consider the recommendation of the social worker or probation officer and make an order concerning the following children *(names):*

3. **THE** **SOCIAL WORKER** **PROBATION OFFICER** **RECOMMENDS**

- a. A change in orders, services, placement, custody, or status *(specify):*
- b. No change in orders, services, placement, custody, or status.
- c. Other *(specify):*

4. **TO THE PARENTS, GUARDIANS, AND CHILDREN:**

- a. **You have the right to be present at the hearing, to present evidence, and to be represented by an attorney. In a dependency matter, the court will appoint an attorney for you if you cannot afford one.**
- b. Prior to the hearing, the social worker or probation officer will prepare a report with recommendations. Parents and legal guardians must be provided with a copy of this report.
- c. The court will proceed with this hearing whether or not you are present.

5. **TO THE PRESENT CUSTODIANS OF THE CHILDREN:**

- a. You may be present at the hearing.
- b. You may submit relevant written material to the court.

Date:

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF SOCIAL WORKER OR PROBATION OFFICER)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)