

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
NOTICE OF HEARING ON SELECTION OF A PERMANENT PLAN	

NOTICE TO (name and address):

—IMPORTANT NOTICE—

A hearing under Welfare and Institutions Code section 366.26 has been set for the date and time below. At the hearing the court may terminate parental rights and free the child for adoption, order tribal customary adoption, establish legal guardianship, or place the child in a planned permanent living arrangement. You have the right to be present at this hearing and have an attorney represent you.

1. A hearing will be held

on (date): _____ at (time): _____ in Dept.: _____ Room: _____

located at court address above other (specify address):

2. At the 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. Termination of parental rights and implementation of a plan of adoption.
- b. Tribal customary adoption.
- c. Establishment of a legal guardianship.
- d. Identified placement with a specific goal (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 an assessment report with recommendations. Parents and guardians must be provided with a copy of this report. The social worker's probation officer's report dated: _____ is is not attached.
- c. If the court orders termination of parental rights, the order may be final.
- d. The court will proceed with this hearing whether or not you are present.

Date: _____

_____ _____

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)



Request 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.)