

Clerk stamps date here when form is filed.

If you do not agree with the removal, you can request a court hearing by filling out this form. The following people can object to removal: a current caregiver, the child's attorney, the child (if 10 years of age or older), the child's identified Indian tribe or custodian, and the child's CASA program. Bring this form to the clerk of the court. If you want to keep an address or a phone number confidential, fill out Confidential Information—Prospective Adoptive Parent (form JV-322), and do not write the address or phone number on this form.

If you are a caregiver or the child and you requested the hearing, the clerk will provide notice of the hearing to you and any other participants.

If you are the child's attorney and you requested the hearing, you must provide notice of the hearing to all other participants.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in child's name and date of birth:

**Child's Name:****Date of Birth:**

Fill in case number:

**Case Number:****1** Information about the caregiver or caregivers:

- a. Name: \_\_\_\_\_
- b. Name: \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Phone number: \_\_\_\_\_

**2** If you (*the person objecting to the removal*) are not the caregiver, fill out below.

- a. Name: \_\_\_\_\_
- b. I am the  child  child's attorney  child's identified Indian tribe  
 child's identified Indian custodian  child's CASA program

- c. Address: \_\_\_\_\_
- d. Phone number: \_\_\_\_\_

**3** If you are not the child's attorney and you know who the child's attorney is, fill out below.

- a. Name of child's attorney: \_\_\_\_\_
- b. Address of child's attorney: \_\_\_\_\_
- c. Phone number of child's attorney: \_\_\_\_\_

**4**  The child is 10 years of age or older. Child's telephone number: \_\_\_\_\_  
 Confidential phone number in court file**5**  The child has an identified Indian tribe (*specify tribe*): \_\_\_\_\_  
Phone number of tribe: \_\_\_\_\_**6**  The child has a Court Appointed Special Advocate (CASA) volunteer.  
Phone number of CASA program, if known: \_\_\_\_\_**7**  The caregiver or caregivers have been designated by the judge as the child's prospective adoptive parent or parents.

Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

8 The caregiver or caregivers may meet the definition of prospective adoptive parent or parents. *Request for Prospective Adoptive Parent Designation* (form JV-321), will be filed with this objection and request for hearing.

9 The social worker should not remove the child from the caregiver's home because (*give reasons*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you need more space, attach a sheet of paper and write "JV-325, Item 9 - Reasons to Not Remove Child" at the top. Number of pages attached: \_\_\_\_\_*

I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct, which means that if I lie on this form, I am committing a crime.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

▶ \_\_\_\_\_  
*Sign your name*

**NOTICE**

If you are not the child, child's parent, or child's legal guardian, you may have a right to challenge a decision by the juvenile court, but only in very limited circumstances. You may need a court order granting you access to records in the juvenile case file. For more information, please see *Information on Requesting Access to Records for Persons With a Limited Right to Appeal* (form JV-291-INFO). You can get form JV-291-INFO at any courthouse or county law library or online at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms).

**What if I am deaf or hard of hearing?**



**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.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)