

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
YOUTH'S NAME: _____ DATE OF BIRTH: _____	
REVIEW HEARING FOR YOUTH APPROACHING 18 YEARS OF AGE— INFORMATION, DOCUMENTS, AND SERVICES	CASE NUMBER: _____

Directions for the social worker or probation officer: Check the appropriate boxes in items 1 through 17, complete item 18, attach or submit to the court documents as required, and sign and date the form.

Directions for the youth (if the youth is available): Review the boxes checked by the social worker or probation officer in items 1 through 17. Sign your initials on the lines after items 1 through 17 **only if** you received the information, document, or service described in that item. Then sign and date the form. You should give the form to the judge on the day of the hearing if you didn't give it to your social worker, probation officer, or attorney before the hearing.

An attached report or report submitted to the court verifies that the youth has received the following information, documents, and services (*check all that apply*):

1. Social security card _____
2. Certified copy of the youth's birth certificate _____
3. California identification card or driver's license _____
4. Medi-Cal Benefits Identification Card _____
5. A letter prepared by the county welfare department that includes the youth's name and date of birth, the dates within which the youth was within the jurisdiction of the juvenile court, and a statement that the youth was a foster youth in compliance with state and federal financial aid documentation requirements _____
6. The death certificate of the youth's parent or parents, if applicable _____
7. Proof of citizenship or legal residence, if applicable _____
8. An advance health care directive form _____
9. A copy of each of the following: *How to Ask to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-464-INFO), a blank *Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-466), and a blank *Confidential Information—Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-468) _____
10. Assistance in obtaining employment _____
11. Assistance in applying for, or preparing to apply for, admission to college or to a vocational training program or other educational institution, and in obtaining financial aid _____
12. Written information notifying the youth that state agencies, when hiring for internships and student assistant positions, must give preference to qualified applicants up to 26 years of age who are or have been dependent children in foster care, homeless youth, or formerly incarcerated youth _____
13. Written notice informing the youth that youth exiting foster care at 18 years of age or older are eligible for Medi-Cal until they reach 26 years of age, regardless of income, and are not required to apply _____


YOUTH'S NAME:	CASE NUMBER:
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- 14. Written notice informing the youth of any financial literacy programs or other available resources provided through the county or other community organizations to help the youth obtain financial literacy skills, including but not limited to banking, credit card debt, student loan debt, credit scores, credit history, and personal savings _____
- 15. Referrals to transitional housing, if available, or assistance in securing other housing _____
- 16. Assistance in maintaining relationships with individuals who are important to a youth who has been in out-of-home placement for six months or longer from the date the child entered foster care, based on the youth's best interests _____
- 17. The whereabouts of any siblings under the jurisdiction of the juvenile court, unless the court determines that sibling contact would jeopardize the safety or welfare of either sibling _____
- 18. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)


 _____

(SIGNATURE OF SOCIAL WORKER OR PROBATION OFFICER)

I certify that I have received the information, documents, and services that I initialed above.

Date:

(TYPE OR PRINT NAME)

 _____

(SIGNATURE OF YOUTH)