

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY JUVENILE DEPENDENCY CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
<p style="text-align: center;">TERMINATION OF DEPENDENCY FOR ADOPTION (Juvenile)</p>	

The county agency has complied with the case plan by making reasonable efforts to complete whatever steps are necessary to finalize the permanent placement of the child.

The permanent plan of adoption has been achieved.

DEPENDENCY AND JUVENILE COURT JURISDICTION OF THE ABOVE-REFERENCED CHILD ARE TERMINATED.

ORDER FOR REVIEW HEARING SET ON (DATE): IS VACATED.

Date: _____

JUDICIAL OFFICER