JV-520

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	***FOR COURT USE ONLY***
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
FAX FILING COVER SHEET	CASE NUMBER:

TO THE COURT:

1. Please file the following transmitted documents:
   a. Petition (with any attachments and proof of service) under Welfare and Institutions Code section:

☐ 300	☐ 342	☐ 777
☐ 601	☐ 387	☐ 778
☐ 602	☐ 388	

   b. Other *(specify):*

   c. Total number of pages transmitted, including this cover sheet: _____

2. I am
   a. ☐ a representative of the county welfare department.
   b. ☐ a representative of the county probation department.
   c. ☐ a named party to the proceeding.
   d. ☐ an attorney of record in the proceeding.
   e. ☐ a representative of the office of the county counsel.
   f. ☐ a representative of the office of the district attorney.
   g. ☐ a Court Appointed Special Advocate (CASA).

NOTE: Under California Rules of Court, rule 5.522, documents received by fax for filing will be filed immediately upon receipt and must not be placed or stored where any person not entitled to access may examine them.

This is confidential information protected by state and federal law, including Welfare and Institutions Code sections 10850 and 827. Further disclosure of this information may violate state and federal restrictions.