

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
NONMINOR NAME:	
JUVENILE COURT TRANSFER-OUT ORDERS—NONMINOR DEPENDENT	NMD CASE NUMBER:

	Language:	UNDERLYING JUVENILE CASE NUMBER:
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1. Nonminor's name: _____ Dept.: _____ Room: _____

2. a. Date of hearing: _____

b. Judicial officer (name): _____

c. Persons present

<input type="checkbox"/> Nonminor dependent	<input type="checkbox"/> Nonminor Attorney (name):
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Probation Officer
<input type="checkbox"/> Other:	<input type="checkbox"/> CASA
<input type="checkbox"/> Other:	

3. The court has read and considered the motion for transfer and

<input type="checkbox"/>	the report of the social worker.
<input type="checkbox"/>	the report of the probation officer.
<input type="checkbox"/>	other relevant evidence.

4. Case History

a. Findings and orders for nonminor dependent were made on (date): _____

b. The court resumed jurisdiction over the individual as a nonminor dependent on (date): _____

c. The last hearing was on (date): _____

d. On (date): _____, the nonminor was personally ordered to appear at the transfer-in hearing.

e. **A transfer-in hearing has been set**

in the receiving court for (date):
at (time): _____ **in dept.:** _____

at the following address:

f. The following hearings have been scheduled or need to be scheduled:

A Nonminor Dependent Status Review Hearing

<input type="checkbox"/>	has been scheduled for (date): _____
<input type="checkbox"/>	needs to be scheduled.

Other:

<input type="checkbox"/>	has been scheduled for (date): _____
<input type="checkbox"/>	needs to be scheduled.

