

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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>JUVENILE WARDSHIP PETITION</b> <input type="checkbox"/> § 601(a) <input type="checkbox"/> § 601(b) <input type="checkbox"/> § 602	CASE NUMBER:

1. Petitioner on information and belief alleges the following:

a.  The child named below comes within the jurisdiction of the juvenile court under the following sections of the Welfare and Institutions Code (check applicable boxes; see attachments for concise statements of facts):

601(a)     601(b)     602    Violation (specify code section):

b.  Under a previous order of this court, dated \_\_\_\_\_, the child was declared a ward under Welfare and Institutions Code section  601(a)     601(b)     602

c. Child's name and address:	d. Age:	e. Date of birth:	f. Gender:
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g. Name: <input checked="" type="checkbox"/> mother Address: <input checked="" type="checkbox"/> father <input checked="" type="checkbox"/> guardian <input checked="" type="checkbox"/> unknown  If mother or father (check all that apply): <input checked="" type="checkbox"/> legal <input checked="" type="checkbox"/> biological <input checked="" type="checkbox"/> presumed <input checked="" type="checkbox"/> alleged	h. Name: <input checked="" type="checkbox"/> mother Address: <input checked="" type="checkbox"/> father <input checked="" type="checkbox"/> guardian <input checked="" type="checkbox"/> unknown  If mother or father (check all that apply): <input checked="" type="checkbox"/> legal <input checked="" type="checkbox"/> biological <input checked="" type="checkbox"/> presumed <input checked="" type="checkbox"/> alleged
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i. Name: <input checked="" type="checkbox"/> mother Address: <input checked="" type="checkbox"/> father <input checked="" type="checkbox"/> guardian <input checked="" type="checkbox"/> unknown  If mother or father (check all that apply): <input checked="" type="checkbox"/> legal <input checked="" type="checkbox"/> biological <input checked="" type="checkbox"/> presumed <input checked="" type="checkbox"/> alleged	j. Other (name, address, and relationship to child):  <input checked="" type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.
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k. Attorney for child (if known): Address:   Phone number:	l. Child is <input checked="" type="checkbox"/> not detained. <input checked="" type="checkbox"/> detained. Date and time of detention (custody):  Current place of detention (address):
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(See important notices on page 2.)

CHILD'S NAME:	CASE NUMBER:
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2. Petitioner requests that the court find these allegations to be true.
3. **Q** Petitioner requests a hearing to determine whether the child should be transferred to the jurisdiction of the criminal court under Welfare and Institutions Code section 707 for the following alleged offense(s) (*specify code section(s)*):

4. Indian Child Welfare Act Inquiry

- a. **Q** I have asked whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- b. **Q** On information and belief, I am aware that inquiry has been completed by (*insert name*) and the *Indian Child Inquiry Attachment* (form ICWA-010(A)) is attached.
- c. **Q** Inquiry has been made by (*insert name*) as to whether the child is or may be a member of an Indian tribe or eligible for membership and the biological child of a member has not yet been completed for the reasons set out below. I am aware of the ongoing obligation to complete this inquiry, and will complete the *Indian Child Inquiry Attachment* (form ICWA-010(A)) and submit it to the court as soon as possible.

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 PETITIONER)

**Q** Number of pages attached: \_\_\_\_\_

**TO PARENTS OR OTHERS LEGALLY RESPONSIBLE FOR THE SUPPORT OF THE CHILD**

You and your child may be required to pay any *restitution* owed to the victim and any fines or penalties ordered by the court. In addition, if you or family members other than your child receive services or legal assistance paid for by the court or county, you may be required to pay back the cost of those services unless the court or county decides that you can't afford to pay.

**RECORD SEALING**

The court may seal your records at the conclusion of your case or you may request sealing at a later date. Please see form JV-595-INFO, *How to Ask the Court to Seal Your Records*, and form JV-596-INFO, *Sealing of Records for Satisfactory Completion of Probation*, available through your attorney or [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms), for more information about record sealing.