

ATTORNEY OR AGENCY SUBMITTING NOTICE <i>(Name, Department, State Bar number and address):</i>  TELEPHONE NO: _____ FAX NO <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(name)</i> : _____	<i>For Court Use Only</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: 860 EAST GILBERT STREET MAILING ADDRESS: 860 EAST GILBERT STREET CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0955 BRANCH NAME: JUVENILE DEPENDENCY COURT	
CASE NAME: _____	
<b>NOTICE OF SPECIAL HEARING</b> JUVENILE DEPENDENCY PROCEEDING Welfare & Institutions Code § 300	CASE NUMBER: _____
	RELATED CASE <i>(if any)</i> : _____

**1. A hearing will be held:**

on *(date)*: \_\_\_\_\_ at *(time)*: \_\_\_\_\_ in Dept.: \_\_\_\_\_  
 located at: **860 EAST GILBERT STREET, SAN BERNARDINO, CA. 92415-0955**

2. Hearing date approved by courtroom on *(date)*: \_\_\_\_\_

3. This hearing is for the purpose of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I served a copy of the NOTICE OF SPECIAL HEARING on *(date)* \_\_\_\_\_ on the following persons or entities ***(indicate name of person served and method of service)***:

- |  |   |
|--|---|
| <input type="checkbox"/> County Counsel: _____               | <input type="checkbox"/> Attorney - other: _____                      |
| <input type="checkbox"/> Children's Advocacy Group: _____    | <input type="checkbox"/> Attorney - other: _____                      |
| <input type="checkbox"/> Friedman, Cazares & Gilleece: _____ | <input type="checkbox"/> Dept. of Children and Family Services: _____ |
| <input type="checkbox"/> Alvarenga & Clark: _____            | <input type="checkbox"/> CFS Court Officer: _____                     |
| <input type="checkbox"/> Friedland & Associates: _____       | <input type="checkbox"/> Other: _____                                 |

At the time of service I was at least 18 years of age and not a party to this cause. I am a resident of or employed in the county where the service occurred. My residence or business address is *(specify)*: \_\_\_\_\_

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

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)