

*This form can be used to request a change in a court order, to ask the court to dismiss your case, or to ask the court to establish a relationship with your sibling. After filling out this form, bring it to the clerk of the court.*

Clerk stamps date here when form is filed.

**1** Your information:

a. You are the:

- child     mother     father     legal guardian  
 foster parent     relative (*specify*): \_\_\_\_\_  
 social worker     probation officer     attorney  
 other \_\_\_\_\_

b. Your name: \_\_\_\_\_

c. Your address: \_\_\_\_\_

d. Your city, state, zip code: \_\_\_\_\_

e. Your telephone number: \_\_\_\_\_

f. *If you are an attorney:*

Your client's name: \_\_\_\_\_

Your client's address (*if confidential, see item 3*): \_\_\_\_\_

Your client's relationship to the child: \_\_\_\_\_

Your State Bar number: \_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in child's name:

**Child's Name:**

Fill in case number, if known:

**Case Number:**

**2** Type of request (*check the appropriate box below and add specific details in items 6–9, as applicable*):

- I am asking the court to change a court order.  
 I am asking the court to terminate jurisdiction.  
 I am asking to have a relationship with my brother or sister and  
     I am related to the child     on the mother's side     on the father's side.  
     I am a  blood relative     relative by adoption     relative by marriage.

**3** *If you want to keep your address confidential, fill out Confidential Information (Request to Change Court Order) (form JV-182) and do not write the address on this form.*

*Check here if form JV-182 is attached.*

**4** Child's information:

a. Child's name: \_\_\_\_\_

b. Date of birth: \_\_\_\_\_

c. Child's attorney (*if known*): \_\_\_\_\_

d. The child lives with or in (*check all that apply*):

- parent     legal guardian     relative  
 foster home     group home     I don't know

e. Name of person the child lives with or place where the child lives \_\_\_\_\_

Child's address : \_\_\_\_\_

*Check here if unknown.*



Child's name: \_\_\_\_\_

Case Number: \_\_\_\_\_

- 5 Information about parents, legal guardians, and others:
- a. Names of child's parents or legal guardians: \_\_\_\_\_  
 *Check here if unknown.*
  - b. Address of parent/legal guardian: \_\_\_\_\_  
 *Check here if unknown.*
  - c. Address of parent/legal guardian: \_\_\_\_\_  
 *Check here if unknown.*
  - d. Child's Indian tribe (if applicable and known): \_\_\_\_\_
  - e. Child's Court Appointed Special Advocate (if applicable and known): \_\_\_\_\_
  - f. Child's education surrogate (if applicable and known): \_\_\_\_\_
  - g. Child's social worker (if applicable and known): \_\_\_\_\_

*If you are asking to have a relationship with a brother or sister but not asking for a changed court order, you may skip to item 8.*

- 6 On (date, if known): \_\_\_\_\_ the judge made the following order that you feel should be changed:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 7 What changed after the judge's order that would change the judge's mind? (Give new information that the judge did not have when the original decision was made):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 8 What order or orders do you want the judge to make now?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 9 Why would the changes you are requesting be better for the child?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 10  Check here if you need more space for any of the answers. Attach a sheet of paper and write "JV-180" at the top of the page. Number of pages attached: \_\_\_\_\_



Child's name: \_\_\_\_\_

11 I have sent a copy of my request to the people listed below, as applicable. I have checked the correct boxes on the right to show whether these people agree with my request.

If you do not have an attorney, the clerk will send notice and copies of your request to all persons required to receive notice under Welfare and Institutions Code sections 297 and 386 and rules 5.524 and 5.570 of the California Rules of Court.

	Name	Agree	Disagree	Don't Know	Not Applicable
Child (if 10 years old, or older):	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's attorney:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current caregiver/foster parent:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preadoptive parent:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Appointed Special Advocate:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian tribe:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian custodian:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling (if dependent and over the age of 10):	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling's caregiver:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling's attorney:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for parent/legal guardian:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for parent/legal guardian:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County counsel:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 You can ask the judge to make a decision without a court hearing if all the people listed above agree with your request. Check here  if you want a decision without a hearing.

13 If anyone disagrees with your request, please explain why (if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. I understand that this means I am guilty of a crime if I lie on this form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name

▶  
\_\_\_\_\_  
Sign your name