

COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____	Court of Appeal Case Number <i>(court will provide)</i> : _____
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In re the Matter of: _____ <i>(Name and date of birth of subject child or children)</i> _____ Petitioners v. Superior Court of California, County of _____ _____ Respondent _____ Real Party in Interest _____

[(FILE STAMP)]

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Superior Court No. _____

Superior Court No. _____

Related Appeal Pending
 Appellate Court No. _____

**PETITION FOR EXTRAORDINARY WRIT
 (California Rules of Court, Rules 8.452, 8.456)**

STAY REQUESTED *(see item 11).*

INSTRUCTIONS—READ CAREFULLY

- Read the entire form *before* completing any items.
- This petition must be clearly handprinted in ink or typed.
- Complete all applicable items in the proper spaces. If you need additional space, add an extra page and mark the additional page box.
- If you are filing this petition in the Court of Appeal, file the original and 4 copies.
- If you are filing this petition in the California Supreme Court, file the original and 10 copies.
- Notify the clerk of the court in writing if you change your address after filing your petition.

Individual Courts of Appeal or the Supreme Court may require documents other than or in addition to this form. Contact the clerk of the reviewing court for local requirements.

CASE NAME: 	CASE NUMBER:
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1. This *Petition for Extraordinary Writ (Juvenile Dependency)* is filed on behalf of petitioner.
 - a. Name:
 - b. Address:
 - c. Phone number:

2. Petitioner is the

<ol style="list-style-type: none"> a. <input type="checkbox"/> child b. <input type="checkbox"/> mother c. <input type="checkbox"/> father d. <input type="checkbox"/> guardian 	<ol style="list-style-type: none"> e. <input type="checkbox"/> de facto parent f. <input type="checkbox"/> county welfare department g. <input type="checkbox"/> district attorney h. <input type="checkbox"/> other (<i>state relationship to child or interest in the case</i>):
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3. The *Petition for Extraordinary Writ (Juvenile Dependency)* pertains to the following child or children (*specify number of children*): _____
 - a. Name of child:
Child's date of birth:
 - b. Name of child:
Child's date of birth:
 - c. Name of child:
Child's date of birth:
 - d. Name of child:
Child's date of birth:

Continued in Attachment 3.

4. This petition seeks extraordinary relief from the order of (*name*):
 - a. setting a hearing under Welfare and Institutions Code section 366.26 to consider termination of parental rights, guardianship, or another planned permanent living arrangement.
OR
 - b. designating a specific placement after a placement order under Welfare and Institutions Code section 366.28.
OR
 - c. *other (specify)*:

5. The challenged order was made on (*date of hearing*):

6. The order was erroneous on the following grounds (*specify*):

7.
 - a. Supporting documents are attached.
 - b. Because of exigent circumstances, supporting documents are not attached (*explain*):

8. Summary of factual basis for petition (*Petitioner need not repeat facts as they appear in the record. Petitioner must reference each specific portion of the record, its significance to the grounds alleged, and disputed aspects of the record*):

Additional pages attached.

CASE NAME: _____	CASE NUMBER: _____
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9. Points and authorities in support of the petition are attached (*number of pages attached*): _____

10. Petitioner requests that this court direct the trial court to (*check all that apply*):

- a. Vacate the order for hearing under section 366.26.
- b. Vacate the order designating a specific placement after termination of parental rights under section 366.28.
- c. Remand for hearing.
- d. Order that reunification services be
 provided continued.
- e. Order visitation between the child and petitioner.
- f. Return or grant custody of the child to petitioner.
- g. Terminate dependency.
- h. Other (*specify*):

11. Petitioner requests a temporary stay pending the granting or denial of the petition for extraordinary writ.

- a. Hearing date (*must specify*):
- b. Reasons for stay (*specify*):

Additional pages attached.

12. Total number of pages attached: _____

13. I am the petitioner attorney for petitioner.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except for matters that are stated on my information and belief, and as to those matters, I believe them to be true.

Date:

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF PETITIONER ATTORNEY)

Address:

CASE NAME: _____	CASE NUMBER: _____
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PROOF OF SERVICE

I served a copy of the foregoing *Petition for Extraordinary Writ (Juvenile Dependency)* on the following persons by personally delivering a copy to the person served, OR by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR by placing a copy in a sealed envelope and depositing the envelope directly in the United States mail with postage prepaid or at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar:

- 1. Respondent court
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- 2. Social worker Probation officer
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- Attorney for party
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- 3. Mother Father Legal guardian
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- Attorney for party
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- 4. Mother Father Legal guardian
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- Attorney for party
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- 5. Mother Father Legal guardian
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- Attorney for party
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- 6. Child (*if 10 years of age or older*)
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

- Attorney for party
 - a. Name and address:

 - b. Date of service:
 - c. Method of service:

CASE NAME: 	CASE NUMBER:
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7. Child (if 10 years of age or older)

Attorney for party

a. Name and address:

a. Name and address:

b. Date of service:

b. Date of service:

c. Method of service:

c. Method of service:

8. Child's sibling CASA Tribe/Bureau of Indian Affairs Indian custodian Grandparent
 Child's caregiver De facto parent

a. Name and address:

b. Date of service:

c. Method of service:

9. Child's sibling CASA Tribe/Bureau of Indian Affairs Indian custodian Grandparent
 Child's caregiver De facto parent

a. Name and address:

b. Date of service:

c. Method of service:

10. Other (specify):

a. Name and address:

b. Date of service:

c. Method of service:

11. Other (specify):

a. Name and address:

b. Date of service:

c. Method of service:

12. 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 mailing occurred. My residence or business address is (specify):

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)