

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 (<i>name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____	
JUVENILE DEPENDENCY PETITION (VERSION TWO) (Welf. & Inst. Code, § 300 et seq.) <input type="checkbox"/> § 300—Original <input type="checkbox"/> § 342—Subsequent <input type="checkbox"/> § 387—Supplemental	CASE NUMBER: _____
	RELATED CASE (<i>if any</i>): _____

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 subdivisions of section 300 of the Welfare and Institutions Code (<i>check applicable subdivisions for each child; see attachment 1a for concise statements of facts</i>):																															
b. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Child's name</th> <th style="text-align: left; border-bottom: 1px solid black;">Age</th> <th style="text-align: left; border-bottom: 1px solid black;">Date of birth</th> <th style="text-align: left; border-bottom: 1px solid black;">Sex</th> <th style="text-align: left; border-bottom: 1px solid black;">Section 300 subdivisions (<i>check all that apply</i>):</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j</td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j</td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j</td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j</td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j</td> </tr> </tbody> </table>	Child's name	Age	Date of birth	Sex	Section 300 subdivisions (<i>check all that apply</i>):	1.				<input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j	2.				<input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j	3.				<input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j	4.				<input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j	5.				<input type="checkbox"/> a <input type="checkbox"/> b(1) <input type="checkbox"/> b(2) <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f <input type="checkbox"/> g <input type="checkbox"/> h <input type="checkbox"/> i <input type="checkbox"/> j	c. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown If mother or father (<i>check all that apply</i>): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged
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g. Prior to intervention, child resided with <input type="checkbox"/> parent (<i>name</i>): <input type="checkbox"/> parent (<i>name</i>): <input type="checkbox"/> guardian (<i>name</i>): <input type="checkbox"/> Indian custodian (<i>name</i>): <input type="checkbox"/> other (<i>state name, address, and relationship to child</i>):	f. Other (<i>state name, address, and relationship to child</i>): <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.																														
h. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention (<i>address</i>): <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other																															

2. I have asked about Indian ancestry for each child and have completed and attached the required *Indian Child Inquiry Attachment*, form ICWA-010(A).

(See important notice on page 2.)

CHILD'S NAME:	CASE NUMBER:
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3. Petitioner requests that the court find these allegations to be true.

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)
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Address and telephone number (if different person signing than listed in caption above):

Number of pages attached: _____

— NOTICE —

TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

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

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.