ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CASE NAME:

CASE NUMBER:

NOTICE OF HEARING—JUVENILE DELINQUENCY PROCEEDING

Welfare and Institutions Code, §§ ☐ 601 ☐ 602

NOTICE TO *(name and address):*

- **A hearing has been set for the date and time below. The child and the parent or legal guardian or noticed adult relative are entitled to be represented by an attorney.**
- **The court will appoint an attorney for the child if the child cannot afford an attorney.**

See important notice on page 2.

1. A hearing will be held

on *(date):*	at *(time):*	in Dept.:	Room:

located at ☐ court address above ☐ other *(specify address):*

2. The hearing is for the purpose of
   a. ☐ detention hearing.
   b. ☐ formal reading of petition, advisement of rights, and plea.
   c. ☐ jurisdiction hearing.
   d. ☐ disposition hearing.
   e. ☐ review.
   f. ☐ permanency hearing.
   g. ☐ other *(specify):*

3. **TO THE CHILD:**
   You have the right to be present and to present evidence at the hearing and to be represented by an attorney. The court will appoint an attorney for you if you cannot afford one.
   ☐ You are ordered to be present at the hearing.

4. **TO THE PARENT, LEGAL GUARDIAN, OR ADULT RELATIVE:**
   You have the right to be present at the hearing. You have the right to have an attorney present to represent you at the hearing.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

American LegalNet, Inc.
www.USCourtForms.com

— NOTICE TO PARENT OR LEGAL GUARDIAN —

1. If your child is ordered to make restitution to the victim, you will be liable to the extent of your ability to pay.
2. You will be liable to the extent of your ability to pay for the following:
   - Fees for an attorney who is appointed to represent your child.
   - Fines and penalty assessments ordered against your child.
3. You may be liable for the costs of support of your child in a county placement or institution.

Request for Accommodations
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to *www.courtinfo.ca.gov/forms* for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8.)

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