

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
REQUEST FOR HEARING REGARDING CHILD'S EDUCATION <input type="checkbox"/> Appointment of Educational Representative <input type="checkbox"/> Review of Proposed Removal From School of Origin	CASE NUMBER:

NOTICE OF HEARING

1. A hearing on this application will be held as follows :

a. Date:	Time:	Dept:	Div:	Room:
b. Address of court: <input type="checkbox"/> is shown above <input type="checkbox"/> is (specify):				

2. On (date): _____ the educational representative resigned or is no longer serving in that capacity the surrogate parent resigned or was terminated. I am requesting a hearing for appointment of an educational representative.

Date:

(TYPE OR PRINT CHILD'S ATTORNEY'S NAME)	▶	(SIGNATURE OF CHILD'S ATTORNEY)
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3. On (date): _____ the social worker or probation officer informed me that the child's placement will be changed and that this will result in the child's removal from the school of origin. Based on the information provided to me by the social worker or probation officer, I am requesting a hearing for the court to review the proposed removal of the child from the school of origin.

Date:

(TYPE OR PRINT CHILD'S ATTORNEY'S NAME)	▶	(SIGNATURE OF CHILD'S ATTORNEY)
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(TYPE OR PRINT NAME OF PERSON WHO HOLDS EDUCATIONAL RIGHTS)	▶	(SIGNATURE OF PERSON WHO HOLDS EDUCATIONAL RIGHTS)
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