

Attorney or Party Without Attorney (Name, Address, Telephone Number, State Bar Number)			
Attorney for:			
SUPERIOR COURT OF CALIFORNIA, COUNT OF SONOMA Juvenile Division – Dependency Hall of Justice 600 Administration Drive Santa Rosa, California 95403			
In re the Matter(s) of:		Case Number(s):	
<b>EX PARTE REQUEST TO ADD/CHANGE COURT DATE</b> Juvenile Dependency			
Requesting party/person is			
<input type="checkbox"/> Case social worker	<input type="checkbox"/> County Counsel	<input type="checkbox"/> Attorney for the Minor(s)	
<input type="checkbox"/> Attorney for:	<input type="checkbox"/> Parent <input type="checkbox"/> Mother	<input type="checkbox"/> Parent <input type="checkbox"/> Father	<input type="checkbox"/> Tribe or Tribal Agency
<input type="checkbox"/>	I request that a hearing presently set to commence at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. on _____. in Department 5 be continued or advanced to _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. on _____.		
<input type="checkbox"/>	I request that a hearing be calendared in Department 5 to commence at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. on _____.		

The reason for my request is: \_\_\_\_\_

I contacted the following individuals regarding this request and his/her/their response was:

<input type="checkbox"/> Social Worker <input type="checkbox"/> County Counsel <input type="checkbox"/> Attorney for Minor(s) <input type="checkbox"/> Attorney for <input type="checkbox"/> Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Attorney for <input type="checkbox"/> Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Attorney for <input type="checkbox"/> Parent <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Attorney for Tribe/Tribal Agency	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Agrees</td> <td><input type="checkbox"/> Disagrees</td> <td><input type="checkbox"/> No Response</td> </tr> <tr> <td><input type="checkbox"/> Agrees</td> <td><input type="checkbox"/> Disagrees</td> <td><input type="checkbox"/> No Response</td> </tr> <tr> <td><input type="checkbox"/> Agrees</td> <td><input type="checkbox"/> Disagrees</td> <td><input type="checkbox"/> No Response</td> </tr> <tr> <td><input type="checkbox"/> Agrees</td> <td><input type="checkbox"/> Disagrees</td> <td><input type="checkbox"/> No Response</td> </tr> <tr> <td><input type="checkbox"/> Agrees</td> <td><input type="checkbox"/> Disagrees</td> <td><input type="checkbox"/> No Response</td> </tr> <tr> <td><input type="checkbox"/> Agrees</td> <td><input type="checkbox"/> Disagrees</td> <td><input type="checkbox"/> No Response</td> </tr> </table>	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees	<input type="checkbox"/> No Response	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees	<input type="checkbox"/> No Response	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees	<input type="checkbox"/> No Response	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees	<input type="checkbox"/> No Response	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees	<input type="checkbox"/> No Response	<input type="checkbox"/> Agrees	<input type="checkbox"/> Disagrees	<input type="checkbox"/> No Response
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Dated:

Printed Name

Signature

**SO ORDERED**

Date

Judicial Officer