ATTORNEY OR AGENCY SUBMITTING NOTICE (Name, Department, State Bar number and address):		For Court Use Only
TELEPHONE NO: FAX NO (Optional):		
E-MAIL ADDRESS (Optional):  ATTORNEY FOR (name):		
	IIA, COUNTY OF SAN BERNARDINO	
STREET ADDRESS: 860 EAST		
MAILING ADDRESS: 860 EAST GILBERT STREET  CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0955		
BRANCH NAME: JUVENILE DEPENDENCY COURT		
CASE NAME:		
NOTICE OF SPECIAL HEARING  JUVENILE DEPENDENCY PROCEEDING  Welfare & Institutions Code § 300		CASE NUMBER:
		RELATED CASE (if any):
1. A hearing will be held:		
on (date):	at (time):	in Dept.:
located at: 860 EAST GILBERT STREET, SAN BERNARDINO, CA. 92415-0955		
2. Hearing date approved by cou	urtroom on <i>(date)</i> :	
3. This hearing is for the purpose	e of:	
_		
I served a copy of the NOTICE O person served and method of s		on the following persons or entities (indicate name of
		Attorney - other:
	hildren's Advocacy Group:	
☐ Juvenile Court Attorneys of SB: ☐ Dept. of Children and Fam		Dept. of Children and Family Services:
		CFS Court Officer:
	nd & Associates:   Other:	
At the time of service I was at lea	st 18 years of age and not a party to tl	nis cause. I am a resident of or employed in the county where the
service occurred. My residence of	or business address is (specify):	
I declare under the penalty of per	jury under the laws of the State of Cal	fornia that the foregoing is true and correct.
Date:		
(TYPE OR PRINT N	IAME)	(SIGNATURE)