

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
In the Matter of _____ (Name of Child):	
APPLICATION AND ORDER TO CHANGE OR ADD A JUVENILE COURT DATE	CASE NUMBER: _____

1. The attorney district attorney probation officer child welfare worker other (*specify*): _____ ,
 requests that this matter, calendared for (*specify nature of hearing*): _____ be:

Advanced or vacated from _____ date: _____ time: _____ department: _____
 Continued to _____ date: _____ time: _____ department: _____
 Placed on calendar _____ date: _____ time: _____ department: _____

2. Good cause exists for this request because (*specify*): _____

3. The following have been contacted regarding this request:	Agrees	Opposes	Unknown
<input type="checkbox"/> a. The minor's attorney: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. The district attorney or county counsel: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. The probation officer or child welfare worker:(name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. The mother or partner's attorney: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. The father or partner's attorney: (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> f. other (<i>specify</i> :) (name) _____ <input type="checkbox"/> in person <input type="checkbox"/> by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The minor and parent(s) were notified by: (name) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. An interpreter is needed for (*specify*:) _____ in the following language (*specify*:) _____

Date: _____
 (APPLICANT)

6. The application is: GRANTED DENIED.

Date: _____
 (JUDICIAL OFFICER)