

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> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
In the Matter of _____ (Name of Child):	
<b>APPLICATION AND ORDER TO CHANGE OR ADD A JUVENILE COURT DATE</b>	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) \_\_\_\_\_

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

Date: \_\_\_\_\_  
▶ \_\_\_\_\_  
(APPLICANT)

6. The application is:  GRANTED  DENIED.

Date: \_\_\_\_\_  
▶ \_\_\_\_\_  
(JUDICIAL OFFICER)