

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (<i>Name, State Bar number and address</i>): TELEPHONE NO.: E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Sitting as the Juvenile Court	
CHILD(REN)'S NAMES:	CASE NUMBER(S):
ORDER ON STIPULATION AND REQUEST FOR ORDER FOLLOWING MEET AND CONFER	Department:

THE COURT ORDERS:

1. The Department of Child, Family and Adult Services to provide the services and/or information listed in section A of form JC\E-324 forthwith.

2. Good cause exists and the hearing is continued to:
 Date: _____ Time: _____ Department: _____

3. Relative Placement Hearing is scheduled for:
 Date: _____ Time: _____ Department: _____

4. Further Orders (*specify*): _____

Date

▶

Signature of Judicial Officer