

REQUEST FROM <i>(Name and address):</i>   TELEPHONE NO.: E-MAIL ADDRESS <i>(Optional):</i>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road, MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: <b>Sitting as the Juvenile Court</b>	
CHILD'S NAME:	CASE NUMBER:
<b>ORDER AUTHORIZING EMERGENCY OR NON-ROUTINE MEDICAL,          SURGICAL, OR DENTAL CARE (WIC § 369)</b>	DEPARTMENT:

The Court, having considered the record in this matter, including the attached supporting declaration dated on \_\_\_\_\_, requesting that emergency or non-routine medical, surgical, or dental care be performed on the above-named child, and good cause appearing, hereby **ORDERS** the following:

1.  The request for medical, surgical, or dental care as outlined in the supporting declaration dated on \_\_\_\_\_, is **GRANTED**.
2.  The request for medical, surgical, or dental care is **DENIED**.
3.  This matter is set for hearing on:

_____	_____	_____
Date	Time	Department (at the Courthouse address noted above)

**FURTHER ORDERS:**

- The Department of Child, Family and Adult Services shall provide a copy of this Order to the child's counsel, counsel for parent(s), if any, and any parent in pro per.

_____	► _____
Date	Judicial Officer