

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):	STATE BAR NO.: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD/NONMINOR'S NAME:		CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT:
MOTION FOR TRANSFER OUT		

County Child Welfare Department, by and through counsel, or
 Probation Department, requests an order transferring the above-referenced case to
 County.

, attorney for
 requests an order transferring the above-referenced case to County.

The motion is brought under Welfare and Institutions Code Section 375 750 Other:

1. Facts of Case

a. Type of Case

Delinquency Dependency Nonminor Dependent

b. Disposition

Disposition not yet imposed/deferred Disposition imposed from sending county on (date):

c. Confinement time/custody credit (Delinquency cases only)

i. As of (date): , the overall term of confinement time in the sending county was:

ii. Overall Custody Credits:

2. Best Interests (State why the proposed transfer is in the best interests of the child/nonminor.)

3. Verification of Residence

a. The parent's/legal guardian's address nonminor's address in the proposed receiving county
was confirmed by the sending county's agency as confidential address

Name:

Address:

City:

State:

Zip:

Phone:

CHILD'S NAME:

CASE NUMBER:

3. b. The probation officer social worker in the receiving county sending county has conducted an address check and verified the address.
- c. Verification completed by: _____ Date verified: _____
- d. Documentation establishing residency in the proposed receiving county is attached to this motion. The following documentation is attached:

4. Education Information

- a. Name of last school attended: _____
- b. Name of school district: _____
- c. Name of current Educational Rights Holder or Surrogate Parent: _____
- d. Name of proposed Educational Rights Holder or Surrogate Parent: _____
- e. There is an Individual Education Plan (IEP) for the child/nonminor.

5. Services

- a. The level of services required by the child/nonminor can cannot be met in the proposed receiving county.
- b. The level of services required by parent or legal guardian can cannot be met in the proposed receiving county.
- c. The type and level of services or supervision required by the child/nonminor and/or parent or legal guardian (*e.g., drug treatment, residential, outpatient, NA only, etc.*) are documented in the attached case plan or described as:

- d. Probation has not previously supervised the child/nonminor.

6. Other

- a. The current status of the Indian Child Welfare Act (ICWA) is (*specify*): _____

CHILD'S NAME:	CASE NUMBER:
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6. b. Parentage has been determined as indicated in minute order dated:
- c. A WIC §241.1 determination has been made as indicated in the minute order dated:
- d. Restitution has been determined in the amount of \$:
See minute order dated:
- e. The child/nonminor has exceptional medical needs (*specify*):

- f. The child/nonminor qualifies for regional center services.
- g. There are pending Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) issues in this case.
- h. A Special Juvenile Immigrant Status (SJIS) application is pending.
- i. A Social Security Income (SSI) application is pending.
- j. There are active orders regarding psychotropic medications. The last order is dated:
- k. If applicable, in the below box, please list all dependency and delinquency cases for the child/nonminor.

Case Number	County	Case Type

- l. Other:

I declare under penalty of perjury under the laws of the State of California that the foregoing and any attachments are true and correct.

Date:

(TYPE OR PRINT NAME OF PROBATION OFFICER SOCIAL WORKER)

SIGNATURE

(TYPE OR PRINT NAME OF PARTY ATTORNEY FOR PARTY)

SIGNATURE

CHILD'S NAME:	CASE NUMBER:
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PROOF OF SERVICE

I served a copy of the Motion for Transfer on the following persons or entities by personally delivering a copy to the person served, OR by emailing the document to an agreed upon email address of the person served, OR by faxing the document to the fax number provided by the person served, OR by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid or at my place of business for same-day collection and mailing with the U.S. mail, following our ordinary business practices with which I am readily familiar:

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> Social worker
a. Name and address:

b. Date of service:
c. Method of service: | <input type="checkbox"/> Probation officer

<input type="checkbox"/> Legal Guardian
a. Name and address:

b. Date of service:
c. Method of service: | <input type="checkbox"/> Attorney
a. Name and address:

b. Date of service:
c. Method of service: |
| 2. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
a. Name and address:

b. Date of service:
c. Method of service: | <input type="checkbox"/> Attorney
a. Name and address:

b. Date of service:
c. Method of service: | |
| 3. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
a. Name and address:

b. Date of service:
c. Method of service: | <input type="checkbox"/> Attorney
a. Name and address:

b. Date of service:
c. Method of service: | |
| 4. <input type="checkbox"/> Child/nonminor (<i>if 10 years of age or older</i>)
a. Name and address:

b. Date of service:
c. Method of service: | <input type="checkbox"/> Attorney
a. Name and address:

b. Date of service:
c. Method of service: | |

Additional parties served. Additional Proof of Service form attached.

5. At the time of service, I was at least 18 years of age and not a party to this cause. I am a resident of, or employed in, the county where the mailing occurred. My residence or business address is specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ TYPE OR PRINT NAME		_____ SIGNATURE
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