

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO: _____ NAME: FIRM NAME: STREET ADDRESS: CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: ATTORNEY FOR (name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
<b>JUVENILE COURT TRANSFER-OUT ORDERS</b> <input type="checkbox"/> § 300 <input type="checkbox"/> § 601 <input type="checkbox"/> § 602 <input type="checkbox"/> For Disposition	CASE NUMBER:

1. Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
2. a. Date of hearing: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
 b. Judicial officer (name): \_\_\_\_\_  
 c. Persons present:  

<input type="checkbox"/> Child	<input type="checkbox"/> Child's attorney	<input type="checkbox"/> Mother	<input type="checkbox"/> Mother's attorney
<input type="checkbox"/> Father	<input type="checkbox"/> Father's attorney	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Probation officer	<input type="checkbox"/> District Attorney	<input type="checkbox"/> County Counsel	<input type="checkbox"/> CASA Advocate
<input type="checkbox"/> Other:			
3. The court has read and considered the motion for transfer and
 

<input type="checkbox"/> the report of the social worker.
<input type="checkbox"/> the report of the probation officer.
<input type="checkbox"/> other relevant evidence.
4. **The court orders the transfer:**
  - a.  GRANTED
  - b.  DENIED
 

<input type="checkbox"/> The child's address has not been verified, and accompanying documentation is not attached.
<input type="checkbox"/> Other:
5. **The court finds and orders under Welfare and Institutions Code Section**

<input type="checkbox"/> 375	<input type="checkbox"/> 750	and
<input type="checkbox"/> Cal. Rules of Court, rule 5.610		

  - a. The legal residence of the child is with the following person who resides in the county specified in item 5e and has the legal right to physical custody of the child (*indicate name and relationship*):
 

Name:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Address:	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other with whom the child resides with approval of the court
City:	State:	Zip:
<input type="checkbox"/> Confidential Address		
  - b. **Transfer of the child's case is in the child's best interests.**



CHILD'S NAME:	CASE NUMBER:
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6. The court further finds

a. Regarding the Indian Child Welfare Act (ICWA)

- ICWA does apply; see minute order dated:
- ICWA does not apply; see minute order dated:
- The court has not yet determined whether ICWA is applicable.

b. Jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act

- has been established.  is not applicable.
- has not been established.

c.  An application for special immigrant juvenile status is pending.

d.  An application for SSI is pending.

e. (1)  This child has special education needs. An Individual Education Plan has been created by (*school district*)

- The child does not have special education needs.
- The child has other education issues (*specify*):

(2)  The court has limited the rights of the parent or guardian to make educational or developmental-services decisions for the child (*optional*).

- The court has appointed an educational rights holder under JV-535 (*dated*):
- The local educational agency has appointed a surrogate parent under JV-536 (*dated*):

Name of the educational rights holder or surrogate parent:

(3)  Name of child's last school and/or school district attended

f.  The child has the following juvenile cases

Case Number	County	Case Type

g.  Visitation has been determined as indicated on minute order dated:

h.  Reunification services were ordered for the parent(s)/legal guardian(s) on minute order dated:

i.  Parentage has been determined as indicated on minute order dated:

j.  A WIC § 241.1 determination that (*check one, or both if a dual-status county*)

- dependency
- delinquency serves the best interest of the child and protection of the public is indicated in the minute order dated:
- If a dual status county, the lead court/agency  was identified as: \_\_\_\_\_ or  was deferred.

k.  The child has the following extraordinary medical needs:

l.  Orders regarding psychotropic medication were made on:

m.  Confinement time/custody credit (*Delinquency Cases Only*)

- i. As of \_\_\_\_\_ the overall term of confinement time in the sending county was:
- ii. Overall custody credits:

n.  Other:

CHILD'S NAME:	CASE NUMBER:
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7. The court further orders that:

- a. The court clerk has permission to open and access the documents placed under seal in this case for the purpose of transferring the matter to the new county. Once the receiving court has taken delivery of the sealed documents, the receiving county shall re-seal the documents.
- b. Other:

Date:

\_\_\_\_\_  
JUDICIAL OFFICER OF THE JUVENILE COURT