

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		CASE NUMBER:
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CHILD'S NAME:		<i>one motion per child</i>
HEARING DATE:	TIME:	DEPARTMENT:
<b>MOTION FOR TRANSFER</b>		

\_\_\_\_\_ 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.

This motion is brought pursuant to Welfare and Institutions Code  §375  §750  Other:

**A. Facts of Case**

1. Type of Case  
 Delinquency  Dependency  Nonminor Dependent
2. Disposition  
 Disposition not yet imposed/deferred  Disposition imposed from sending county on: \_\_\_\_\_
3.  Confinement Time/Custody Credit (*Delinquency Cases Only*)
  - a. As of \_\_\_\_\_ the overall term of confinement time in the sending county was:
  - b. Overall Custody Credits: \_\_\_\_\_

**B. Best Interests** (State why the proposed transfer is in the best interest of the minor or nonminor.)

**C. Verification of Residence**

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

Name:  
 Address:  Confidential Address. *If this box is marked a Confidential Information form (JV-287) needs to be completed.*  
 City: StateK ZipK  
 Phone:

CHILD'S NAME:	CASE NUMBER:
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2. The  probation officer  social worker in the  receiving county  sending county has conducted an address check and verified the address.

3. Verification completed by: \_\_\_\_\_ Date verified: \_\_\_\_\_

4. Documentation establishing residency in the proposed receiving county is attached to this motion. The following documentation is attached:

**D. Education Information**

1. Name of last school attended: \_\_\_\_\_
2. Name of school district: \_\_\_\_\_
3.  Name of current Educational Rights Holder or Surrogate Parent: \_\_\_\_\_
4.  Name of proposed Educational Rights Holder or Surrogate Parent: \_\_\_\_\_
5.  There is an Individual Education Plan (IEP) for the minor.

**E. Services**

1. The level of services required by the minor  can  cannot be met in the proposed receiving county.
2. The level of services required by  parent or legal guardian  can  cannot be met in the proposed receiving county.
3. Describe the type and level of service or supervision required by the minor and/or parent or legal guardian (e.g., drug treatment, residential, outpatient, NA only, etc.).

4.  A copy of the most recent case plan is attached.
- Probation did not previously supervise the minor. [ICT Protocol, Chp. 3, Section B(4).]

**F. Other**

1.  The current status of the Indian Child Welfare Act (ICWA) is (specify):
2.  Parentage has been determined as indicated in minute order dated: \_\_\_\_\_
3.  A WIC §241.1 determination has been made as indicated in the minute order dated: \_\_\_\_\_
4.  Restitution has been determined in the amount of \$ \_\_\_\_\_ .  
See minute order dated: \_\_\_\_\_
5.  The minor has exceptional medical needs (specify):

CHILD'S NAME:	CASE NUMBER:
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- 6.  There are pending Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) issues in this case.
- 7.  A Special Juvenile Immigrant Status (SJIS) application is pending.
- 8.  A Social Security Income (SSI) application is pending,
- 9.  There are active orders regarding psychotropic medications. The last order is dated: \_\_\_\_\_
- 10.  If applicable, in the below box, please list all dependency and delinquency cases for the minor.

Case Number	County	Case Type

- 11.  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)

