

AGENCY SUBMITTING REQUEST <i>(Name, Department, and address):</i> TELEPHONE NO: _____ FAX NO <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 860 EAST GILBERT STREET MAILING ADDRESS: 860 EAST GILBERT STREET CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0955 BRANCH NAME: JUVENILE DEPENDENCY COURT	
CASE NAME: _____	
REQUEST TO VACATE PACKET JUVENILE DEPENDENCY PROCEEDING Welfare & Institutions Code § 300	CASE NUMBER: _____
	RELATED CASE <i>(if any):</i> _____

(Name of social worker) _____ is requesting to vacate the packet dated *(date of packet)* _____
 _____ filed with the court on *(date filed)* _____ for the following reason: _____

I served a copy of the REQUEST TO VACATE PACKET on *(date)* _____ on the following persons or entities ***(indicate name of person served and method of service):***

- County Counsel: _____ Attorney - other: _____
- Children's Advocacy Group: _____ Attorney - other: _____
- Friedman, Cazares & Gilleece: _____ Attorney - other: _____
- Alvarenga & Clark: _____ Other: _____
- Friedland & Associates: _____ Other: _____

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 service occurred. My residence or business address is *(specify):* _____

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

Date: _____

 (TYPE OR PRINT NAME) (SIGNATURE)