

ATTORNEY OR AGENCY SUBMITTING NOTICE ( <i>Name, Department, State Bar number and address</i> ):  TELEPHONE NO: _____ FAX NO ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>name</i> ): _____	<i>For Court Use Only</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CASE NAME: _____	
<b>NOTICE OF SPECIAL HEARING</b> JUVENILE DELINQUENCY PROCEEDING Welfare & Institutions Code § 602	CASE NUMBER: _____ RELATED CASE ( <i>if any</i> ): _____

**1. A hearing will be held:**

on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_ in Dept.: \_\_\_\_\_

located at: **900 EAST GILBERT STREET, BLDG. 35, SAN BERNARDINO, CA. 92415-0942**

2. Hearing date approved by courtroom on (*date*): \_\_\_\_\_

3. This hearing is for the purpose of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I served a copy of the NOTICE OF SPECIAL HEARING on (*date*) \_\_\_\_\_ on the following persons or entities (***indicate name of person served and method of service***):

- |  |   |
|--|---|
| <input type="checkbox"/> District Attorney: _____            | <input type="checkbox"/> Attorney - other: _____        |
| <input type="checkbox"/> Public Defender: _____              | <input type="checkbox"/> Attorney - other: _____        |
| <input type="checkbox"/> Friedman, Cazares & Gilleece: _____ | <input type="checkbox"/> Probation Department: _____    |
| <input type="checkbox"/> Alvarenga & Clark: _____            | <input type="checkbox"/> Probation Court Officer: _____ |
| <input type="checkbox"/> Friedland & Associates: _____       | <input type="checkbox"/> 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)