

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>OBJECTION / RESPONSE TO PACKET</b> JUVENILE DELINQUENCY PROCEEDING Welfare & Institutions Code § 602	CASE NUMBER: _____  RELATED CASE <i>(if any):</i> _____

(Name of attorney) \_\_\_\_\_ attorney for (name of party) \_\_\_\_\_

1.  Objects to the packet dated *(date of packet)* \_\_\_\_\_ for the following reason: \_\_\_\_\_

a.  Attorney objects to the packet for the record, however a hearing is not being set.

b.  **A hearing on this objection will be held:**

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

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

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

2.  Requests to hold packet dated *(date of packet)* \_\_\_\_\_ for an additional *(number of weeks)* \_\_\_\_\_ weeks for the following reason: \_\_\_\_\_

3.  Objection / Response to the packet filed on *(date)* \_\_\_\_\_ is withdrawn.

a.  Objection to Packet hearing set for *(date of hearing)* \_\_\_\_\_ is vacated.

I served a copy of the OBJECTION / RESPONSE TO PACKET 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)