ATTORNEY, PARTY WITHOUT ATTORNEY, OR AGENCY
(NAME, ADDRESS, PHONE)

Attorney for:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS

Juvenile Dependency Division

Street Address: 1100 I Street, Modesto, CA 95354

Mailing Address: P.O. Box 1098, Modesto, CA 95353

___**Department 15:**

Street Address: 800 11th Street, Modesto, CA 95354

___**Department 18:**

Street Address: 2215 Blue Gum Ave, Modesto, CA 95358

IN THE MATTER OF:

MOTION FOR:

__Permission to Travel

__Quash Protective Custody Warrant

__Change of Name

__Appointment of Counsel for _____

__Vacate/Reset Hearing Date

__Other: _____

AND ORDER THEREON

Case No.:

HEARING DATE HAS BEEN

RESERVED FOR:

The undersigned party/agency is requesting a motion for:

_____Permission to Travel   _____Change of Name

_____Vacate/Reset Hearing Date   _____Quash Protective Custody Warrant

_____Appointment of Counsel for _____

_____Other: _____

The follow facts are noted as a basis for requesting this motion and order:

_____

_____

_____

_____

_____

The following parties/attorneys/agencies have been notified of this request/motion for order two Court days prior to the hearing, and their responses are as follows:

_____

_____

_____

_____

☐ **There is no opposition to the motion and therefore it is requested the motion be granted without a hearing** ☐ **The Requestor requests the reserved hearing be vacated.**

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

Date: _____   Requestor: _____

Upon review by the Court, it is HEREBY ORDERED that the motion is:
_____ **DENIED**
_____ **GRANTED**
_____ **GRANTED AS FOLLOWS** _____

_____

____ **KEEP RESERVED HEARING. PARENT(S) SEEKING APPOINTMENT OF COUNSEL**
     MUST BE PRESENT AT THE HEARING.
____ **TELEPHONIC APPEARANCE GRANTED**
____ **KEEP RESERVED HEARING** _____ _____
____ **HEARING SET FOR** _____ **IS VACATED**
____ **HEARING SET FOR** _____ **IS RESET FOR** _____

OTHER _____

_____

_____

Date: _____   **By:** _____

Judicial Officer