

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
ORDER FOR PRISONER'S APPEARANCE AT HEARING AFFECTING PRISONER'S PARENTAL RIGHTS <input type="checkbox"/> Waiver of Appearance	CASE NUMBER:

1. A HEARING regarding the custody of the following children (*names*):

will be held

on (<i>date</i>):	at (<i>time</i>):	in Dept.:	Room:
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located at ☐ court address above ☐ other (*specify address*):

2. The hearing will be held under:
- ☐ **Family Code section 7800 et seq.** (to terminate parental rights)
 - ☐ **Welfare and Institutions Code section 300** (to declare the child a dependent of the court)
 - ☐ **Welfare and Institutions Code section 366.26** to
 - ☐ Terminate parental rights
 - ☐ Appoint a legal guardian
 - ☐ Order the child into long-term foster care
 - ☐ Other (*specify*):

3. **To the Warden or Director of (*name of institution*):**

You are ordered to deliver prisoner (*name and identification number*):

who is a party, into the custody of (*name*):

so the prisoner may be transported to this court for the hearing unless the prisoner executes the attached waiver or refuses to be transported. The sheriff is ordered to return the prisoner to when his or her appearance is no longer necessary.

Date:

JUDGE / REFEREE / COMMISSIONER

- ☐ The *Waiver of Right to be Present at Hearing* on reverse is completed (*item 7*).
- ☐ The *Declaration of Translation* on reverse is completed (*item 8*).
- ☐ The *Declaration That Prisoner Does Not Wish to Attend Hearing* on reverse is completed (*item 9*).

CASE NAME: _____	CASE NUMBER: _____
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☐ **WAIVER OF RIGHT TO BE PRESENT AT HEARING AFFECTING PRISONER'S PARENTAL RIGHTS**

7. I HEREBY WAIVE MY RIGHT TO ATTEND THE HEARING.

- a. ☐ I authorize my attorney of record to represent me at the hearing.
b. ☐ I request that an attorney be appointed to represent me and to appear for me at the hearing.
c. ☐ I waive my right to be represented by an attorney.

Date:

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE OF PARENT)

☐ **Declaration of Translation**

(To be completed if prisoner does not understand English sufficiently to read this form.)

8. a. The prisoner's primary language is ☐ Spanish ☐ other (*specify*):
b. I certify that I translated this form to the prisoner in the prisoner's primary language to the best of my ability.

Date:

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE OF PERSON TRANSLATING)

☐ **Declaration That Prisoner Does Not Wish to Attend Hearing**

9. The prisoner (*name*): _____ has stated to me, or by conduct indicated to me, that he or she does not wish to attend the hearing in this matter.

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

Date:

_____	▶	_____
(TYPE OR PRINT NAME)		(SIGNATURE)
		_____ (TITLE OF PRISON OFFICIAL)