



Item 4 – Notices for Review of Dependency Status Hearings

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6. The foster parents, Indian custodian, relative caregivers, community care facility, or foster family agency having physical custody of the child in the case of a child removed from the physical custody of the parents or legal guardian.
  7. The attorney of record if that attorney was not present at the time that the hearing date was set by the court.
  8. The alleged father or fathers, but only if the recommendation is to set a new hearing pursuant to Section 366.26.
  9. If the court knows or has reason to know that an Indian child is involved, then to the Indian custodian and the tribe of that child. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, notice shall be given to the Bureau of Indian Affairs.
- B. No notice is required for a parent whose parental rights have been terminated.
- C. The notice of the review hearing shall be served no earlier than 30 days, nor later than 15 days, before the hearing. In the case of an Indian child, if notice is given to the Bureau of Indian Affairs, the Bureau shall have 15 days after receipt to provide the requisite notice to the parent or Indian custodian and the tribe.
- D. The notice must include special advisements as appropriate:
1. The notice of the review hearing shall contain a statement regarding the nature of the hearing to be held, any recommended change in the custody or status of the child, and any recommendation that the court set a new hearing pursuant to Section 366.26 in order to select a more permanent plan.
  2. In the case of an Indian child, the notice shall contain a statement that the parent or Indian custodian and the tribe have a right to intervene at any point in the proceedings. The notice shall also include a statement that the parent or Indian custodian and the tribe shall, upon request, be granted up to 20 additional days to prepare for the proceedings.

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- E. Service of notice shall be by first-class mail addressed to the last known address of the person to be provided notice. In the case on an Indian child, notice shall be by registered mail, return receipt requested.
  - F. If the child is ordered into a permanent plan of legal guardianship, and subsequently a petition to terminate or modify the guardianship is filed, the probation Officer or Social Worker shall serve notice of the petition not less than 15 court days prior to the hearing on all persons listed above and on the court that established legal guardianship if it is in another county.
- II. OFFICE ASSISTANT DUTIES:
- A. Upon receipt from Court of all minute orders and 6141 (Non-Detention Hearing Memorandum) forms, the Unit OA will date and initial the bottom right corner of the minute orders. If the 6141 is returned without minute orders, it shall be dated the same way.
  - B. Before returning the minute order to the Social Work Supervisor (SWS) the OA will enter on CWS/CMS all court information pertaining to past and future court dates.
  - C. The OA will log all 10-day notices in the unit OA Court Hearing Log according to the hearing date, month and year.
  - D. If, upon receiving the 6141 and minute order, an OA recognizes that a hearing is close to the RDS cut-off period, the OA must attach a late reminder half sheet to the 6141 and minute order to flag them for the SWS. This half sheet will alert the SWS that a 6127 (Instructions to Clerk Notice of Hearing/Staffing Appointment) will be needed to prevent defective notice. The OA will log the late reminder date to SWS on the hearing log.
  - E. The OA will track daily all incoming 6127 forms by stamping the date and initialing the bottom left corner and indicating on the hearing log that it has been received. The OA will complete the notice immediately or within the notice time frames; the OA then logs the date the notice was actually mailed.

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- F. The OA will proofread all 6127 forms for correct client information. If there are any differences between the 6127 and information in CWS/CMS, the OA will enter the information from the 6127. The only information that can be updated is the dates, plan changes, attorneys, and addresses for the minors and parents.
- G. When sending notices for hearings to care providers and minors, OA's are responsible for removing confidential information.
  - 1. Care provider names and addresses must be removed from each notice and replaced with "Care provider name and address confidential, and will be disclosed to the court upon request.
  - 2. For all minors age 10 years or older, names shall remain on the notice but all addresses must be removed and replaced with "Address confidential and will be disclosed to the court upon request."
- H. All notices must be mailed the same day they are dated and must be ready for mailing by 1:30 p.m. for mail pick-up. Notices done after 1:30 p.m. must reflect the following day's date. Notices are always mailed certified.
- I. At the end of each month the OA will send an e-mail to the Social Worker and SWS requesting the following month's 6127's. The e-mail will include a copy of the upcoming month's hearings from the Notice of Hearing log.
- J. The OA will remind the Worker and the SWS one more time if a 6127 has not been received prior to the 15-day deadline. An OA will not be responsible for sending a notice for a hearing that is less than 15 calendar days ahead if the 6127 has not been received.

## INSTRUCTIONS TO CLERK NOTICE OF HEARING/STAFFING APPOINTMENT

Worker Name: Jose Vargas Worker No: ES15 Date of Hearing: \_\_\_\_\_  
 Phone No: 262-4862 Time of Hearing: 8 a.m. Dept: 98  
 Case Name: \_\_\_\_\_ DSS Case No: \_\_\_\_\_

District Attorney (DA) Number: \_\_\_\_\_

- |   |                                       |                                       |   |
|---|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Detained                 | <input type="checkbox"/> Not Detained | <input type="checkbox"/> Arraignment  | <input type="checkbox"/> PPH                  |
| <input type="checkbox"/> Trial Confirmation       | <input type="checkbox"/> Trial        | <input type="checkbox"/> Jurisdiction | <input type="checkbox"/> Disposition          |
| <input type="checkbox"/> Jurisdiction/Disposition | <input type="checkbox"/> Review       | <input type="checkbox"/> ICT          | <input type="checkbox"/> RDS, 6, 12, 18 Month |
| <input type="checkbox"/> Other _____              |                                       |                                       |   |

**I. In the matter of:**

Child No. 1: _____	DOB: _____	Ct. No: _____
Child No. 2: _____	DOB: _____	Ct. No: _____
Child No. 3: _____	DOB: _____	Ct. No: _____
Child No. 4: _____	DOB: _____	Ct. No: _____
Child No. 5: _____	DOB: _____	Ct. No: _____

II. Staffing Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Provider of Care Questionnaire Return Date: \_\_\_\_\_

III. The Social Worker Recommends  A change  No change in the child's placement, custody, or status  
 Other \_\_\_\_\_

**IV. Please send the following items to the following persons:**

Father: _____	Mother: _____
Address: _____	Address: _____
City State Zip	City State Zip

<input type="checkbox"/> Whereabouts Unknown	<input type="checkbox"/> Spanish	<input type="checkbox"/> Whereabouts Unknown	<input type="checkbox"/> Spanish
Notice of Hearing for Child(ren) No: <u>1, 2</u>		Notice of Hearing for Child(ren) No: <u>1, 2</u>	

<input type="checkbox"/> 6112 for child(ren) No. _____	<input type="checkbox"/> 6112 for child(ren) No. _____
<input type="checkbox"/> 6113 for child(ren) No. _____	<input type="checkbox"/> 6113 for child(ren) No. _____

**CONFIDENTIAL** **CONFIDENTIAL**

Father's Attorney: <u>ADO</u>	Mother's Attorney: <u>PD</u>
Address: _____	Address: _____
City State Zip	City State Zip

Notice of Hearing for Child(ren) No: _____	Notice of Hearing for Child(ren) No: _____
C/P _____	Minor _____
Address: _____	Address: _____
City State Zip	City State Zip

<input type="checkbox"/> Whereabouts Unknown	<input type="checkbox"/> Spanish	<input type="checkbox"/> Whereabouts Unknown	<input type="checkbox"/> Spanish
<input checked="" type="checkbox"/> Notice of Hearing for child(ren) No. _____		<input checked="" type="checkbox"/> Notice of Hearing for child(ren) No. _____	

<input type="checkbox"/> 6112 for child(ren) No. _____	<input type="checkbox"/> 6112 for child(ren) No. _____
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**CONFIDENTIAL** **CONFIDENTIAL**

Minor's Attorney: <u>DISTRICT ATTORNEY</u>	Minor's Attorney: <u>COUNTY COUNSEL</u>
Address: _____	Address: _____
City State Zip	City State Zip

Notice of Hearing  Notice of Hearing

**INSTRUCTIONS TO CLERK  
NOTICE OF HEARING/STAFFING APPOINTMENT**

V. Please send the indicated items to the following persons:

Minor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Whereabouts Unknown  Spanish  
Notice of Hearing for Child(ren) No: \_\_\_\_\_  
 6112 for child(ren) No. \_\_\_\_\_  
 6113 for child(ren) No. \_\_\_\_\_  
 6114 and Child's Provider of Care Questionnaire (6097) for  
Child(ren) No. \_\_\_\_\_  
 **CONFIDENTIAL**

Minor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Whereabouts Unknown  Spanish  
Notice of Hearing for Child(ren) No: \_\_\_\_\_  
 6112 for child(ren) No. \_\_\_\_\_  
 6113 for child(ren) No. \_\_\_\_\_  
 6114 and Child's Provider of Care Questionnaire (6097) for  
Child(ren) No. \_\_\_\_\_  
 **CONFIDENTIAL**

Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Whereabouts Unknown  Spanish  
Notice of Hearing for Child(ren) No: \_\_\_\_\_  
 6112 for child(ren) No. \_\_\_\_\_  
 6113 for child(ren) No. \_\_\_\_\_  
 6114 and Child's Provider of Care Questionnaire (6097) for  
Child(ren) No. \_\_\_\_\_  
 **CONFIDENTIAL**

Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Whereabouts Unknown  Spanish  
Notice of Hearing for Child(ren) No: \_\_\_\_\_  
 6112 for child(ren) No. \_\_\_\_\_  
 6113 for child(ren) No. \_\_\_\_\_  
 6114 and Child's Provider of Care Questionnaire (6097) for  
Child(ren) No. \_\_\_\_\_  
 **CONFIDENTIAL**

Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Whereabouts Unknown  Spanish  
Notice of Hearing for Child(ren) No: \_\_\_\_\_  
 6112 for child(ren) No. \_\_\_\_\_  
 6113 for child(ren) No. \_\_\_\_\_  
 6114 and Child's Provider of Care Questionnaire (6097) for  
Child(ren) No. \_\_\_\_\_  
 **CONFIDENTIAL**

Other: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Whereabouts Unknown  Spanish  
Notice of Hearing for Child(ren) No: \_\_\_\_\_  
 6112 for child(ren) No. \_\_\_\_\_  
 6113 for child(ren) No. \_\_\_\_\_  
 6114 and Child's Provider of Care Questionnaire (6097) for  
Child(ren) No. \_\_\_\_\_  
 **CONFIDENTIAL**

**VI. NOTE: REMEMBER TO CHECK THE CONFIDENTIAL BOX FOR ANY ADDRESSES TO BE KEPT CONFIDENTIAL**