CHILD'S ATTORNEY (Name and Address):	FOR COURT USE ONLY
<u> </u>	
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
CHILD'S NAME:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	
NOTICE OF HEARING ON JOINDER—JUVENILE	CASE NUMBER:
Child's name:	
2. Date of birth:	
3. The child is under dependency delinquency jurisdiction.	
opportunity to be heard, any agency or private service provider that has failed to meet a lega A private service provider is an agency or individual receiving federal, state, or local governn services to dependent children or wards of the court. 4. A hearing on joinder will be held in this court as follows:	
a. Date: Time: Dept.: Room:	Div.:
b. Address of court: is shown above. other (specify):	_
5. The name of the person and/or agency to be joined is:	
 Facts supporting the allegation that the person or agency to be joined has failed to meet child (specify): 	a legal obligation to provide services to the
Continued in the attached declaration.	

CHILD'S NAME:	CASE NUMBER:
7. The court poses the following questions to the individual or agency regarding services provided to the child:	
8. The court requests:	
a. That agency representatives meet prior to the hearing to coordinate services and address any alleged failure to meet legal obligations to the child.	
b. That the agency submit a written response to the court at least five court do	ays prior to the hearing.
Date:	
	JUDICIAL OFFICER