Tor counties ming a separate dependency permon for each child of	Tion counties using Additional	U 100
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
-		
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CHILD'S NAME:		
		0.405 NUMBER
JUVENILE DEPENDENCY PETITION (VERSION ONE)		CASE NUMBER:
(Welf. & Inst. Code, § 300 et seq.)		RELATED CASES (if any):
§ 300—Original § 342—Subsequent § 387—Supplemental		NELATED GAGES (II arry).
1. Petitioner on information and belief alleges the following:		
a. The shild named below comes within the jurisdiction of the juvenile court under the following publications of coction 200 of the		
a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code (check applicable boxes; see attachment 1a for concise statements of facts):		
(a) (b) (c) (d) (e)	(f) (g)	(h) (i) (j)
b. Child's name:	c. Age	<u> </u>
	5. 7.gs	. a. bate et bitain
f. Name: mother	g. Name:	mother
Address: father	Address:	father
guardian		guardian
unknown		unknown
If weather a setable of the standard standard services.	16	
If mother or father <i>(check all that apply):</i> legal biological presumed alleged	If mother or father <i>(che</i>	biological presumed alleged
h. Name: mother	i. Other (state name	e, address, and relationship to child):
Address: father	,	· ,
guardian		
unknown		
If mother or father <i>(check all that apply):</i> legal biological presumed alleged	No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.	
j. Prior to intervention, child resided with	k. Child is	
parent (name):	not detained detained	
parent (name):	Date and time of detention:	
guardian (name):	Current place of detention (address):	
Indian custodian (name):	2 anom plu	
other (state name, address, and relationship to child):		
	Relative	Shelter/foster care Other
2. I have asked about Indian ancestry for this child and have completed and attached the required <i>Indian Child Inquiry Attachment</i> ,		
form ICWA-010(A). (If this is a subsequent filing and there is no new information, the ICWA-010(A) is not required.)		

(See important notice on page 2.)

CHILD'S NAME:	CASE NUMBER:		
_			
3. Petitioner requests that the court find these allegations to be true.			
I declare under penalty of perjury under the laws of the State of California that the forego	oing and all attachments are true and correct.		
Date:			
•			
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)		
Address and telephone number (if different person signing than listed in caption above): Number of pages attached: Other children are listed on Additional Children Attachment (form JV-101(A))			

TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

TO PARENTS OR OTHERS LEGALLY RESPONSIBLE FOR THE SUPPORT OF THE CHILD

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.