

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): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____	CASE NUMBER: _____
HEARING DATE: _____	TIME: _____ <i>one motion per child</i>
DEPARTMENT: _____	
<b>MOTION FOR TRANSFER</b>	

\_\_\_\_\_ County     Child Welfare Department, by and through counsel, or  
 Probation Department, requests an order transferring the above-referenced case to  
 \_\_\_\_\_ County.

\_\_\_\_\_, attorney for \_\_\_\_\_  
 requests an order transferring the above-referenced case to \_\_\_\_\_ County.

This motion is brought pursuant to Welfare and Institutions Code     §375     §750     Other:

**A. Facts of Case**

1. Type of Case
  - Delinquency     Dependency     Nonminor Dependent
2. Disposition
  - Disposition not yet imposed/deferred     Disposition imposed from sending county on: \_\_\_\_\_
3.  Confinement Time/Custody Credit (*Delinquency Cases Only*)
  - a. As of \_\_\_\_\_ the overall term of confinement time in the sending county was:
  - b. Overall Custody Credits:

**B. Best Interests**    (*State why the proposed transfer is in the best interest of the minor or nonminor.*)

**C. Verification of Residence**

1. The  parent's/legal guardian's address     nonminor's address in the proposed receiving county was confirmed by the sending county's agency as:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

CHILD'S NAME:	CASE NUMBER:
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2. The  probation officer  social worker in the  receiving county  sending county has conducted an address check and verified the address.
3. Verification completed by: \_\_\_\_\_ Date verified: \_\_\_\_\_
4. Documentation establishing residency in the proposed receiving county is attached to this motion. The following documentation is attached:

**D. Education Information**

1. Name of last school attended: \_\_\_\_\_
2. Name of school district: \_\_\_\_\_
3.  Name of current Educational Rights Holder or Surrogate Parent: \_\_\_\_\_
4.  Name of proposed Educational Rights Holder or Surrogate Parent: \_\_\_\_\_
5.  There is an Individual Education Plan (IEP) for the minor.

**E. Services**

1. The level of services required by the minor  can  cannot be met in the proposed receiving county.
2. The level of services required by  parent or legal guardian  can  cannot be met in the proposed receiving county.
3. Describe the type and level of service or supervision required by the minor and/or parent or legal guardian (e.g., drug treatment, residential, outpatient, NA only, etc.).

4.  A copy of the most recent case plan is attached.
- Probation did not previously supervise the minor. [ICT Protocol, Chp. 3, Section B(4).]

**F. Other**

1.  The current status of the Indian Child Welfare Act (ICWA) is (specify):
2.  Parentage has been determined as indicated in minute order dated: \_\_\_\_\_
3.  A WIC §241.1 determination has been made as indicated in the minute order dated: \_\_\_\_\_
4.  Restitution has been determined in the amount of \$ \_\_\_\_\_ .  
See minute order dated: \_\_\_\_\_
5.  The minor has exceptional medical needs (specify):

CHILD'S NAME:	CASE NUMBER:
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- 6.  There are pending Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) issues in this case.
- 7.  A Special Juvenile Immigrant Status (SJIS) application is pending.
- 8.  A Social Security Income (SSI) application is pending,
- 9.  There are active orders regarding psychotropic medications. The last order is dated: \_\_\_\_\_
- 10.  If applicable, in the below box, please list all dependency and delinquency cases for the minor.

Case Number	County	Case Type

- 11.  Other:

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

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF  PROBATION OFFICER  SOCIAL WORKER) (SIGNATURE)

\_\_\_\_\_  
(TYPE OR PRINT NAME OF  PARTY  ATTORNEY FOR PARTY) (SIGNATURE)

CHILD'S NAME:	CASE NUMBER:
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**PROOF OF SERVICE**

I served a copy of the Motion for Transfer on the following persons or entities by personally delivering a copy to the person served, OR by emailing the document to an agreed upon email address of the person served, OR by faxing the document to the fax number provided by the person served, OR by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid or at my place of business for same-day collection and mailing with the U.S. mail, following our ordinary business practices with which I am readily familiar:

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|--|---|---|
| <input type="checkbox"/> Social worker<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: | <input type="checkbox"/> Probation officer<br><br><br><br><input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |
|--|---|---|
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |
|---|---|---|
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mother <input type="checkbox"/> Father<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |
|---|---|---|
- |   |   |
|---|---|
| <input type="checkbox"/> Child ( <i>if 10 years of age or older</i> )<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: | <input type="checkbox"/> Attorney<br>a. Name and address:<br><br>b. Date of service:<br>c. Method of service: |
|---|---|

Additional parties served. Additional Proof of Service form attached.

5. At the time of service, I was at least 18 years of age and not a party to this cause. I am a resident of, or employed in, the county where the mailing occurred. My residence or business address is (*specify*):

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)
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