

SACRAMENTO COUNTY DHHS Telephone no: (916) 875-XXXX Fax no:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: CITY AND ZIP CODE: Sacramento, California 95826 BRANCH NAME: Sac. County Juvenile Court	
CHILD'S NAME:	CASE NUMBER:
<p style="text-align: center;">DEPENDENCY MOTION FOR TRANSFER</p> <p>(Social Worker is to call the court department clerk and get a date/time for a hearing if transfer-out is being recommended in-between hearings)</p>	Date: Time: Dept:

1. Disposition not yet ordered
 Disposition ordered on: _____
 Long term placement – The Department in the proposed transfer in county has agreed the transfer is in the best interest of the child.

2. Transfer in County: _____
 County receiving transfer is a member of the local protocol.

3. Reasons for transfer (including why this is in the best interest of the child): _____ .

4. The parents'/legal guardian's address was confirmed by _____ (name), _____ (title), in _____ County as:
Name: _____
Street Address: _____
City, State, Zip _____
Telephone: _____

5. Last Sacramento school district: _____
 Child has an IEP.

6. The proposed transfer-in county can offer the following services (check all that apply):
 Alcohol and Drug treatment program Drug testing

- | | |
|---|--|
| <input type="checkbox"/> Parenting classes | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Counseling: Family/Individual | <input type="checkbox"/> Counseling: Sexual Abuse/Offender |
| <input type="checkbox"/> Counseling: Anger Management/Domestic Violence | <input type="checkbox"/> Other (specify): _____ |

7. The applicability of the Indian Child Welfare Act has been determined. See minute order dated _____.
8. Paternity has been determined. See minute order dated _____.
 Not Applicable
9. A Welfare and Institutions Code section 241.1 determination has been made. See minute order dated _____.
 Not Applicable
10. The petitioner has notified the following parties and attorneys of the requested transfer (*state names of persons notified and relationship to the child or the case*):
- | | |
|--------------------------|-----------------------|
| Mother's Attorney: _____ | Date of Notice: _____ |
| Father's Attorney: _____ | Date of Notice: _____ |
| Child's Attorney: _____ | Date of Notice: _____ |
| County Counsel: _____ | Date of Notice: _____ |
| Other Attorney: _____ | Date of Notice: _____ |
| Other Attorney: _____ | Date of Notice: _____ |

Social Worker: _____
(print or type name)

Social Worker: _____
Date: _____

Social Worker Supervisor: _____
(print or type name)

Social Worker Supervisor: _____
Date: _____