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Department of Children and Family Services / Bureau of Operations Regional Office Address City, State, Zip Code CSW Name Phone Number File #, First Initial, Last Name DSS No. (State ID)

> Text in **BLACK** automatically populates when the document is created in CWS/CMS. Complete your document by referring to the **PURPLE text.**

SUPERIOR COURT OF CALIFORNIA COUNTY OF

,

EX PARTE APPLICATION AND ORDER

Hearing Date	Hearing Time	Dept./Room	Hearing Type/Subtype
			Ex Parte Application

Enter the date of the scheduled hearing or "walk on," for which the continuance is being requested. If necessary, edit or enter data not populated from the database directly into these fields.

IN THE MATTER OF

Name	Date of Birth	Ago	Sow	Court Number
	Date of Dif th	<u>Age</u>	Sex	Court Number

This information will be populated from the Hearing Notebook and the child's Client Notebook.

PARENTS/LEGAL GUARDIANS

<u>Name/</u>	Address/	<u>Relationship/</u>
<u>Birthdate</u>	Phone	<u>To Whom</u>

This information will be populated from the parent's Client Notebook. If a parent's address is confidential, delete the address, and enter "Confidential." If the identity of a parent or the requested information in the grid is unknown, enter "unknown" in the spaces provided.

REASON FOR APPLICATION

Enter the following:

• "The matter is before the Court to request a continuance."

NOTICES

<u>Name</u>	Relationship	Method	Date	Agreed
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All information in this field is populated from the database. Ensure that the information regarding the parties entitled to notice is accurate (i.e. names, addresses, method used to notice, etc). If necessary, edit or enter data directly into these fields.

REASON FOR RECOMMENDATION

Enter a brief explanation as to why it is necessary to ask for a continuance.

RECOMMENDATION

Recommend that the case be continued to the earliest possible date.

- For jurisdictional, disposition, and status review hearings, select a date not less than twenty-one (21) calendar days and no more than thirty (30) calendar days from the date of the previously scheduled hearing.
- For WIC 366.26 hearings, select a date not less than ninety (90) calendar days and no more than one hundred and twenty (120) calendar days from the date the permanency planning hearing was held.

Ensure that the date requested is not on a weekend or court holiday.

I Declare Under Penalty of Perjury that the Foregoing is True and Correct.

Executed at Regional Office Address, California this Date day of Month, Year.

CSW Name, Title, File #, First Initial, Last Name, Phone Number	
SCSW Name, SCSW, Phone Number	Date
ARA Name, ARA, Phone Number	Date

- [] Ordered as Recommended.
- [] Order of the Court:

Judicial Officer

Date