ATTORNEY OR AGENCY SUBMITTING NOTICE (Name, Department, 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 SAN BERNARDING	0	
STREET ADDRESS: 900 EAST GILBERT STREET BLDG. 2		
MAILING ADDRESS: 900 EAST GILBERT STREET BLDG. 2		
CITY AND ZIP CODE: SAN BERNARDINO, CA 92415-0942 BRANCH NAME: JUVENILE DELINQUENCY COURT		
CASE NAME:		
NOTICE OF SPECIAL HEARING JUVENILE DELINQUENCY PROCEEDING Welfare & Institutions Code § 602		CASE NUMBER:
		RELATED CASE (if any):
1. A hearing will be held:		
on (date): at (time):		in Dent ·
		ш Бери
located at: 900 EAST GILBERT STREET, BLDG. 2, SAN BERNARDINO, CA. 92415-0942		
2. Hearing date approved by courtroom on (date):		
3. This hearing is for the purpose of:		
I served a copy of the NOTICE OF SPECIAL HEARING on (date) _	on the followin	on nersons or entities (indicate name of
person served and method of service):	On the followin	g persons of childes (marcate name of
□ District Attorney:	☐ Attorney - other:	
□ Public Defender:		
☐ Juvenile Court Attorneys of SB:	☐ Probation Department:	
□ Clark & Le, LLP:	☐ Probation Court Officer:	
□ Friedland & Associates:	☐ Other:	
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
service occurred. My residence or business address is (specify):		
I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Data		
Date:		
(TYPE OR PRINT NAME)		(SIGNATURE)