

ATTORNEY OR AGENCY SUBMITTING NOTICE <i>(Name, Department, State Bar number and address):</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> TELEPHONE NO: E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(name):</i> </div> <div style="width: 45%;"> FAX NO <i>(Optional):</i> </div> </div>	<i>For Court Use Only</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO 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:	
OBJECTION / RESPONSE TO PACKET JUVENILE DELINQUENCY PROCEEDING Welfare & Institutions Code § 602	CASE NUMBER: RELATED CASE <i>(if any):</i>

(Name of attorney) _____ attorney for *(name of party)* _____

1. ☐ Objects to the packet dated *(date of packet)* _____ for the following reason: _____

a. ☐ Attorney objects to the packet for the record, however a hearing is not being set.

b. ☐ **A hearing on this objection will be held:**

on *(date)*: _____ at *(time)*: _____ in Dept.: _____

located at: **900 EAST GILBERT STREET, BLDG. 2, SAN BERNARDINO, CA. 92415-0942**

c. Hearing date approved by courtroom on *(date)*: _____

2. ☐ Requests to hold packet dated *(date of packet)* _____ for an additional *(number of weeks)* _____ weeks for the following reason: _____

3. ☐ Objection / Response to the packet filed on *(date)* _____ is withdrawn.

a. ☐ Objection to Packet hearing set for *(date of hearing)* _____ is vacated.

I served a copy of the OBJECTION / RESPONSE TO PACKET on *(date)* _____ on the following persons or entities ***(indicate name of person served and method of service)***:

☐ District Attorney: _____ ☐ Attorney - other: _____

☐ Public Defender: _____ ☐ Attorney - other: _____

☐ 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.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)