

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REVIEW OF COMMISSIONER'S FINDINGS OF FACT AND RECOMMENDATION	CASE NUMBER:

1. HEARING WAS HELD BEFORE Commissioner (*name*):
on (*date*):

2. The *Findings and Recommendation of Commissioner* was filed on (*date*):

3. No objection having been filed within 10 court days, the findings of fact and recommended order of the Commissioner are ratified. Each of the parties is ordered to comply with all the terms of the order.

4. a. An objection was filed on (*date*): _____ by (*specify*): _____
OR
 b. The *Findings and Recommendation of Commissioner* is in error.

- c. A hearing *de novo* is set for

(1) Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
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 (2) The address of the court is shown above is as follows:

- d. THE FOLLOWING ARE THE TEMPORARY ORDERS:
 (1) The recommended orders of the commissioner.
 (2) Other (*specify*):

Continued in Attachment 4d.

Date:

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of additional pages attached: _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Review of Commissioner's Findings of Fact and Recommendation* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the form was mailed at *(place)*: _____ California, on *(date)*: _____

Date: _____ Clerk, by _____, Deputy

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