

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>CITATION FOR PUBLICATION UNDER WELFARE AND INSTITUTIONS CODE SECTION 294</b>	CASE NUMBER:

1. To (names of persons to be notified, if known, including names on birth certificate):

and anyone claiming to be a parent of (child's name):

born on (date):

at (name of hospital or other place of birth and city and state):

2. A hearing will be held

on (date):	at (time):	in Dept.:	Room:
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located at  court address above  other (specify address):

3. At the hearing the court will consider the recommendations of the social worker or probation officer.

4. The social worker or probation officer will recommend that your child be freed from your legal custody so that the child may be adopted. If the court follows the recommendation, all your parental rights to the child will be terminated.

**5. You have the right to be present at the hearing, to present evidence, and you have the right to be represented by an attorney. If you do not have an attorney and cannot afford to hire one, the court will appoint an attorney for you.**

**6. If the court terminates your parental rights, the order may be final.**

**7. The court will proceed with this hearing whether or not you are present.**

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy



**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)