



COURT HEARING SUMMARY

PLEASE PRINT LEGIBLY

Child(ren)'s Name(s):		Case #:	
Hearing Date:		Time:	Dept.#: 12 16
Parties Present:	Minor: Yes No	Mother: Yes No	Father: Yes No
Minor's Attorney:		Social Worker:	
Mother's Attorney:		Father's Attorney:	
County Counsel:		Judge:	
Hearing Continued?	Yes No	Reason:	

Findings/Orders: **Type your findings/orders here. If you need to start a new line/paragraph, press Shift+Enter. Do it again to add a blank list between paragraphs. Be careful not to exceed the space allotted.**

NEXT HEARING DATE: _____ **TIME:** _____ **DEPT.:** _____

Purpose of future hearing:
(Dependent Review, .26, Visitation, Placement, Ed. Review) _____

Received Social Worker's Report? Yes No Report Date: _____

Signature: _____

***PLEASE MAKE SURE CASA OFFICE RECEIVES THIS WITHIN 24 HOURS OF THIS COURT DATE. You may drop it off, email it or fax it to us at: (209) 464-2272
THANK YOU!***

