АТТ	ORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NO.: 123456	FOR COURT USE ONLY
NAME: Ann Attorney			
	NAME: Legal Services Agency		
	EET ADDRESS: 123 Main Street	STATE: CA ZIP CODE: 94102	
CITY: San Francisco STATE: CA ZIP CODE: 94102 TELEPHONE NO.: (415) 987-6543 FAX NO.: (415) 987-1234			
	AIL ADDRESS: Ann.Attorney@lsa.org	(110) 001 1201	
1	ORNEY FOR (name): Kelly Kid		
su	PERIOR COURT OF CALIFORNIA, COUNT		
STREET ADDRESS: 400 McAllister Street			
MAILING ADDRESS:			
CITY AND ZIP CODE: San Francisco CA 94102 BRANCH NAME: Juvenile			
CA	SE NAME: In re Kelly Kid		
			CASE NUMBER:
REQUEST FOR SPECIAL IMMIGRANT JUVENILE FINDINGS			
			JV17-0001
l a	lege the following:		
1.	The child (name):* Kelly Kid (date of birth): 1/16/2000 is a national of (name of country): El Salvador		
2.	The child's parents are (name each):		
	Maribel Mom	× Moth	er Father Other legal parent
	John Kid	Mothe	er x Father Other legal parent
		Moth	er Father Other legal parent
3	The court found that the child was desc	ribed by Welfare and Institutions Code section	n x 300 602 other (specify):
0.	and assumed jurisdiction over the child on <i>(date)</i> : 06/01/2017 The child is currently under the court's jurisdiction.		
	The child is currently under the courts j	unsaiction.	
4.	The child was (check all that apply):		
	x declared a dependent child of the	court on (date): 06/01/2017	
	ordered committed to a state agency or department (name): on (date): for a term of months. The commitment order remains in effect.		
ordered placed under the custody of an individual or entity (name, unless confidential):			dential):
	on (date):	. The placement or custody order remains in	effect.
5.	5. The court <i>(check and complete all that apply):</i>		
	ordered the child removed from th	ne custody of (name(s)):	on <i>(date)</i> :
	x declined to place the child in the c	. , , , , , , , , , , , , , , , , , , ,	on (date): 06/01/2017
	desimiled to place the child in the common than the common	, , , , , , , , , , , , , , , , , , , ,	on (date): 06/01/2017
		II NIU	·
	terminated services to (name(s)):		on (date):
	appointed (name): as the child's guardian on (date):		
	terminated the parental rights of (name):	on (date):

*(Prepare a separate form JV-356 for each child for whom you are requesting Special Immigrant Juvenile findings.)

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REQUEST FOR SPECIAL IMMIGRANT JUVENILE FINDINGS

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Clear this form