

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
REQUEST FOR SPECIAL IMMIGRANT JUVENILE FINDINGS	CASE NUMBER:

I allege the following:

1. The child (name):* (date of birth):
 is a national of (name of country):

2. The child's parents are (name each):

<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other legal parent
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other legal parent
<input type="checkbox"/> mother	<input type="checkbox"/> father	<input type="checkbox"/> other legal parent

3. The court found that the child was described by Welfare and Institutions Code section 300 602 other(specify):
 and assumed jurisdiction over the child on (date):
 The child is currently under the court's jurisdiction.

4. The child was (check all that apply):
 - declared a dependent child of the court on (date):
 - 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):
 on (date): . The placement or custody order remains in effect.

5. The court (check and complete all that apply):
 - ordered the child removed from the custody of (name(s)): on (date):
 - declined to place the child in the custody of (name(s)): on (date):
 - denied services to (name(s)): on (date):
 - 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.)

CASE NAME:	CASE NUMBER:
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I REQUEST THAT THE COURT MAKE THE FOLLOWING FINDINGS:

6. The child has been *(check all that apply)*:

- declared a dependent of the court
- committed to the custody of *(name of state agency or department)*:

- placed in or under the custody of *(name of individual or entity, unless confidential)*:

by virtue of the court order referred to above in item 4.

7. Reunification of the child with *(name(s))*:

- mother father other legal parent is not viable under California law because of *(check all that apply)*:
- abuse
- neglect
- abandonment
- another legal basis *(specify)*:

Facts supporting this finding, including any order listed in item 5 *(specify)*:

Continued on Attachment 7.

8. It is not in the best interest of the child to be returned to the child's or parent's country of nationality or country of last habitual residence *(specify country or countries)*:

Facts supporting this finding *(specify)*:

Continued on Attachment 8.

9. Additional documents in support of the request are attached and incorporated into this form. *Number of pages attached:* _____

I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Date:



 (SIGNATURE)

