

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and mailing address): <hr/> TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
APPLICATION TO COMMENCE PROCEEDINGS BY AFFIDAVIT AND DECISION BY SOCIAL WORKER (Welf. & Inst. Code, § 329)	CASE NUMBER:

To the social worker or social services agency of (specify county):

1. I allege that the child described below is being abused or neglected or at risk of abuse or neglect as defined in Welfare and Institutions Code section 300. I request that the social worker or agency immediately begin proceedings in the juvenile court on behalf of the child described below.

2. My name and address:

3. My relationship to the child described below (specify):

4. I am providing the following information about the child.

- a. Child's name:
- b. Age:
- c. Date of birth:
- d. Sex:
- e. Mother's name:
- f. Mother's address:
- g. Father's name:
- h. Father's address:
- i. Other (state name, address, and relationship to child):

5. The child described in item 4 above

- a. resides within this county.
- b. was in this county at the time of the facts alleged below.

6. Facts in support (state supporting facts concisely and include all known and relevant dates, times, names, and addresses. Attach separate pages as necessary):

See attachment 6. Number of pages attached: _____

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT)

CHILD'S NAME: 	CASE NUMBER:
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DECISION OF SOCIAL WORKER OR SOCIAL SERVICES AGENCY

8. Social worker information:

- a. Name:
- b. Agency:
- c. Address:
- d. Telephone number:

9. After consideration of the application above, the SOCIAL WORKER HAS DECIDED

- a. to commence proceedings in juvenile court on these allegations.
- b. not to commence proceedings in juvenile court on these allegations because *(specify)*:

See attachment 9. Number of pages attached: _____

10. I declare I am a social worker of the county in which this application was submitted and am duly authorized to make this decision.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF SOCIAL WORKER)