

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:	
CHILD'S NAME:	
NOTICE OF APPEAL—JUVENILE	CASE NUMBER:

— NOTICE —

- You or your attorney **must** fill in items 1 and 2 and sign this form at the bottom of the page. If possible, to help process your appeal, fill in items 4–6 on the reverse of this form.
- Rule 8.406 says that to appeal from an order or judgment, you must file a written notice of appeal within **60** days after rendition of the judgment or the making of the order being appealed or, in matters heard by a referee, within **60** days after the order of the referee becomes final.
- You are advised that if you wish to file an appeal of the order for transfer to a tribal court, you (1) may ask the juvenile court to stay (delay the effective date of) the transfer order and (2) must file the appeal before the transfer to tribal jurisdiction is finalized. Read rule 5.483 and the advisory committee comment.

1. I appeal from the findings and orders of the court (specify date of order or describe order):

2. This appeal is filed by

a. Appellant (name):

b. Address:

c. Phone number:

d. Name, address, and phone number of person to be contacted (if different from appellant):

3. I request that the court appoint an attorney on appeal. I was was not represented by an appointed attorney in the superior court.

Date:

TYPE OR PRINT NAME SIGNATURE OF APPELLANT ATTORNEY

4. Items 5 through 7 on the reverse are completed not completed.

CHILD'S NAME:	CASE NUMBER:
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5. Appellant is the
- | | |
|---|---|
| a. <input type="checkbox"/> child | f. <input type="checkbox"/> county welfare department |
| b. <input type="checkbox"/> mother | g. <input type="checkbox"/> district attorney |
| c. <input type="checkbox"/> father | h. <input type="checkbox"/> child's tribe |
| d. <input type="checkbox"/> guardian | i. <input type="checkbox"/> other (<i>state relationship to child or interest in the case</i>): |
| e. <input type="checkbox"/> de facto parent | |
6. This notice of appeal pertains to the following child or children (*specify number of children included*):
- | | |
|---|---|
| a. Name of child:
Child's date of birth: | c. Name of child:
Child's date of birth: |
| b. Name of child:
Child's date of birth: | d. Name of child:
Child's date of birth: |
- Continued in Attachment 5.
7. The order appealed from was made under Welfare and Institutions Code (*check all that apply*):
- a. **Section 305.5** (transfer to tribal court)
 Granting transfer to tribal court
- b. **Section 360** (declaration of dependency) Removal of custody from parent or guardian Other orders
 with review of section 300 jurisdictional findings
 Dates of hearing (*specify*):
- c. **Section 366.26** (selection and implementation of permanent plan in which a petition for extraordinary writ review that substantively addressed the specific issues to be challenged was timely filed and summarily denied or otherwise not decided on the merits)
 Termination of parental rights Appointment of guardian Planned permanent living arrangement
 Dates of hearing (*specify*):
- d. **Section 366.28** (order designating a specific placement after termination of parental rights in which a petition for extraordinary writ review that substantively addressed the specific issues to be challenged was timely filed and summarily denied or otherwise not decided on the merits)
 Dates of hearing (*specify*):
- e. Other appealable orders relating to dependency (*specify*):
 Dates of hearing (*specify*):
- f. **Section 725** (declaration of wardship and other orders)
 with review of section 601 jurisdictional findings
 with review of section 602 jurisdictional findings
 Dates of hearing (*specify*):
- g. Other appealable orders relating to wardship (*specify*):
 Dates of hearing (*specify*):
- h. Other (*specify*):