



## Judicial Council of California · Administrative Office of the Courts

455 Golden Gate Avenue · San Francisco, California 94102-3688

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# REPORT TO THE JUDICIAL COUNCIL

For business meeting on October 27, 2015

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Title	Agenda Item Type
Forms: Miscellaneous Technical Changes	Action Required
Rules, Forms, Standards, or Statutes Affected	Effective Date
Amend rule 3.35; and revise forms CH-700, CH-710, CH-720, CR-132, CR-165, DV-150, JV-100, JV-110, WG-002, and WG-030	January 1, 2016
Recommended by	Date of Report
Judicial Council staff	July 30, 2015
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Legal Services	Susan R. McMullan, 415-865-7990 <a href="mailto:susan.mcmullan@jud.ca.gov">susan.mcmullan@jud.ca.gov</a>

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### Executive Summary

Various Judicial Council advisory committee members, court personnel, members of the public, and Judicial Council staff have identified errors in a rule of the California Rules of Court and Judicial Council forms resulting from inadvertent omissions, typographical errors, and changes resulting from legislation. The staff to the Judicial Council recommends making the necessary corrections to avoid confusing court users, clerks, and judicial officers.

### Recommendation

The staff to the Judicial Council recommends that the council, effective January 1, 2016:

1. Amend rule 3.35(b) to correct a reference from “rules 5.70 and 5.71” to “5.425”.
2. Revise forms CH-700, CH-710, and CH-720 to reflect an amendment to Code of Civil Procedure section 527.6(n) proposed in AB 1081. Subdivision (n) currently provides:

(n) A notice of hearing under this section shall notify the respondent that if he or she does not attend the hearing, the court may make orders against him or her that could last up to three years.

The proposed amendment would bring subdivision (n) in line with subdivision (j)(1), which raised the maximum duration of a renewed civil harassment protective order from three years to five. Should the Legislature not pass or the Governor not sign AB 1081, these changes would not go forward.

3. Revise form CR-132, page 2, “Reminder”, to correct a reference from “8.835(b)” to “8.853”.
4. Revise form CR-165, “Notice of Termination of Protective Order in Criminal Proceeding (CLETS),” to remove the word “CLETS” from the title of the form, and to add the word “Cancel” to the parenthetical in the form’s footer to read “(CLETS-CANCEL),” as requested by the Department of Justice. These revisions will facilitate accuracy in coding courts’ termination of criminal protective orders when those orders are entered into the California Law Enforcement Telecommunications System (CLETS) background check database. The revision would also make the format of form CR-165’s footer consistent with proposed form DV-400, “Findings and Order to Terminate Restraining Order After Hearing.”
5. Revise form DV-150 to eliminate all references to “therapeutic visitation providers,” to conform with Family Code section 3200.5. Requirements recently enacted by Family Code section 3200.5, which governs supervised visitation, recognize only two types of supervised visitation providers: nonprofessional or professional. The Judicial Council, effective January 1, 2015, approved revisions to standard 5.20 of the California Standards of Judicial Administration, to conform to these requirements To ensure that form DV-150 is consistent with both section 3200.5 and standard 5.20, item 5.c. on this form, which references “therapeutic” as a type of provider, has been eliminated. A similar change was made to form FL-341(A) effective January 1, 2015, to delete the option to order therapeutic visitation.
6. Revise forms JV-100 and JV-110 to allow for auto-text to be programmed rather than requiring manual entry of one of the checkboxes on both forms. Effective June 20, 2014, Welfare and Institutions Code section 300 was amended to add a new subsection (b)(2) and the previous language in (b) was renumbered as (b)(1) (see Senate Bill 855 [Stats. 2014, ch 29]). Forms JV-100 and JV-110 are alternative petition forms to initiate a juvenile dependency proceeding and contain checkboxes for each applicable subdivision—on form JV-100, under item a, and on form JV-110 under item b. Most counties use the Child Welfare Services/Case Management System (CMS/CWS) to complete the petitions, and staff for CMS/CWS requested that these current checkboxes be split into b(1) and b(2) on both forms to correspond with the statutory change and allow for auto-text to be programmed rather than requiring manual entry.

7. Revise forms WG-002 and WG-030 to update the table on page 2 to reflect the new state minimum wage of \$10.00, effective January 1, 2016; This change in minimum wage will change the maximum amount of a judgment debtor's earnings that may be garnished under an earning withholding order. WG-002 and WG-030 include instructions to employers describing the maximum amounts that may be garnished. The forms should be amended so that they will describe the correct amounts to be garnished based on the increased minimum wage.

Copies of the revised rule and forms are attached at pages 4–21.

### **Previous Council Action**

Although the Judicial Council has acted on these rules and forms previously, this proposal recommends only minor corrections unrelated to any prior action.

### **Rationale for Recommendation**

The changes to these rules are technical in nature and necessary to correct inadvertent omissions and incorrect references.

### **Comments, Alternatives Considered, and Policy Implications**

These proposals were not circulated for public comment because they are noncontroversial, involve technical revisions, and are therefore within the Judicial Council's purview to adopt without circulation. (See Cal. Rules of Court, rule 10.22(d)(2).)

### **Implementation Requirements, Costs, and Operational Impacts**

Operational impacts are expected to be minor. The proposed revisions may result in reproduction costs if courts provide hard copies of any of the forms recommended for revision. Because the proposed changes are technical corrections, case management systems are unlikely to need updating to implement them.

### **Attachments and Links**

1. Rule 3.35 at page 4;
2. Forms CH-700, CH-710, CH-720, CR-132, CR-165, DV-150, JV-100, JV-110, WG-002, and WG-030 at pages 5–21

Rule 3.35 of the California Rules of Court is amended, effective January 1, 2016, to read:

1 **Rule 3.35. Definition of limited scope representation; application of rules**

2

3 (a) \* \* \*

4

5 (b) **Application**

6

7 Rules 3.35 through 3.37 apply to limited scope representation in civil cases, except  
8 in family law cases. Rules ~~5.70 and 5.71~~ 5.425 ~~apply~~ applies to limited scope  
9 representation in family law cases.

10

11 (c) \* \* \*

Clerk stamps date here when form is filed.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**1 Protected Person**

- a. Your Full Name: \_\_\_\_\_  
 Your Lawyer (if you have one for this case):  
 Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_
- b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**2 Restrained Person**

- Full Name: \_\_\_\_\_
- Address (if known): \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3 Request to Renew Restraining Order**

I ask the court to renew the *Civil Harassment Restraining Order After Hearing* (form CH-130). A copy of the order is attached.

- a. The order ends on (date): \_\_\_\_\_
- b.  This is my first request to renew the order.  
 The order has been renewed \_\_\_\_\_ times.
- c. I want the order to be renewed for  five years  other (specify): \_\_\_\_\_
- d. I ask the court to renew the order because (explain below):  
 Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3d—Reasons to Renew Order" for a title. You may use form MC-025, Attachment.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name

\_\_\_\_\_  
Sign your name

**This is not a Court Order.**

**Notice of Hearing to Renew Restraining Order**

Clerk stamps date here when form is filed.

Fill in court name and street address:  
**Superior Court of California, County of**

Court fills in case number when form is filed.  
**Case Number:**

**1 Protected Person**

a. Your Full Name: \_\_\_\_\_

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**2 Restrained Person**

Full Name: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**To the Restrained Person**

**3 Court Hearing**

The judge has set a court hearing date. Court will fill in box below.

**The current restraining order stays in effect until the end of the hearing.**

**Hearing Date** →

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the hearing, the judge can renew the current restraining order for up to another five years. You *must* continue to obey the current restraining order until the hearing. At the hearing, you can tell the judge if you do not want the order against you renewed. If the restraining order is renewed, you *must* obey the order even if you do not attend the hearing.

If you wish to make a written response to the request to renew the restraining order, you may fill out form CH-720, *Response to Request to Renew Restraining Order*. File the original with the court before the hearing and have someone age 18 or older—**not you**—mail a copy of it to the protected person at the address in ① at least \_\_\_\_\_ days before the hearing. Also file form CH-250, *Proof of Service of Response by Mail*, with the court before the hearing.

**This is a Court Order.**



**To the Protected Person:****4 Service and Response**

Someone age 18 or older—**not you or anyone else protected by the restraining order**—must personally serve (give) a copy of the following forms on the restrained person at least \_\_\_\_\_ days before the hearing.

- CH-700, *Request to Renew Restraining Order*;
- CH-710, *Notice of Hearing to Renew Restraining Order* (this form);
- CH-720, *Response to Request to Renew Restraining Order* (blank copy);
- CH-130, the current *Civil Harassment Restraining Order After Hearing* for which renewal is requested.

After the restrained person has been served, file form CH-200, *Proof of Personal Service*, with the court clerk. For help with service, read form CH-200-INFO, *What Is “Proof of Personal Service”?*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Judicial Officer***Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk’s office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons with Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

**This is a Court Order.**

**Use this form to respond to the Request to Renew Restraining Order (Form CH-700)**

- Fill out this form and then take it to the court clerk.
- Have someone age 18 or older—**not the restrained person**—serve the protected person by mail with a copy of this form and any attached pages. (Use form CH-250, Proof of Service of Response by Mail.)

Clerk stamps date here when form is filed.

**1 Protected Person (Form CH-700, item 1)**

Name: \_\_\_\_\_

**2 Restrained Person**

a. Your Name: \_\_\_\_\_

Your Lawyer (if you have one for this case):

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**3 Response**

- a.  I agree to extend the order.
- b.  I do not agree to extend the order.
- c.  I agree to the following order instead (specify below):
  - Check here if there is not enough space for your answer. Attach a sheet of paper and write "Attachment 3c—Order Requested" for a title. You may use form MC-025, Attachment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- d.  I ask the court not to renew the order for the following reasons (specify below):
  - Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or form MC-025 and write "Attachment 3d—Reasons Not to Renew" for a title.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:  
**Superior Court of California, County of**

Court fills in case number when form is filed.  
**Case Number:**

The court will consider your *Response* at the hearing. Write your hearing date, time, and place from Form CH-710 item 3 here.

**Hearing Date** → Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**You must continue to obey the current restraining order until the hearing.** At the hearing, the court can extend the order against for up to another five years.





Case Number:
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Date: \_\_\_\_\_

\_\_\_\_\_  
*Lawyer's name, if you have one*



\_\_\_\_\_  
*Lawyer's signature*

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*



\_\_\_\_\_  
*Sign your name*

Clerk stamps date here when form is filed.

**Instructions**

- This form is only for appealing in a **misdemeanor case**. You can get other forms for appealing in a civil or infraction case at any courthouse or county law library or online at *www.courts.ca.gov/forms*.
- Before you fill out this form, read *Information on Appeal Procedures for Misdemeanors* (form CR-131-INFO) to know your rights and responsibilities. You can get form CR-131-INFO at any courthouse or county law library or online at *www.courts.ca.gov/forms*.
- **You must file this form no later than 30 days after the trial court issued the judgment or order you are appealing** (see rule 8.853(b) of the California Rules of Court for very limited exceptions). **If your notice of appeal is late, the court will not take your appeal.**
- Fill out this form and make a copy of the completed form for your records.
- Take or mail the completed form to the clerk’s office for the same trial court that issued the judgment or order you are appealing. It is a good idea to take or mail an extra copy to the clerk and ask the clerk to stamp it to show that the original has been filed.

You fill in the name and street address of the court that issued the judgment or order you are appealing:

**Superior Court of California, County of**

You fill in the number and name of the trial court case in which you are appealing the judgment or order:

**Trial Court Case Number:**  
  
**Trial Court Case Name:**

You fill in the appellate division case number (if you know it):

**Appellate Division Case Number:**

**1 Your Information**

a. Name of Appellant (the party who is filing this appeal):

Name: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State Zip

Mailing address (if different): \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ E-mail (if available): \_\_\_\_\_

b. Appellant’s lawyer (skip this if the appellant is filling out this form):

The lawyer filling out this form is (check (1) or (2)):

(1)  was the appellant's lawyer in the trial court.      (2)  is the appellant's lawyer for this appeal.

Name: \_\_\_\_\_ State Bar number: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State Zip

Mailing address (if different): \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ E-mail (if available): \_\_\_\_\_

Fax (if available): \_\_\_\_\_



Trial Court Case Name: \_\_\_\_\_

Trial Court Case Number: \_\_\_\_\_

**2 Judgment or Order You Are Appealing**

I am/My client is appealing (*check one*):

- a.  The final judgment of conviction in this case (Penal Code section 1466(b)(1)).  
 I am/My client is contesting only the conditions of the probation.
- b.  The following order made after the judgment in this case that affects an important right of mine/my client (for example, an order after a probation violation) (Penal Code section 1466(b)(1)).  
 An order modifying the conditions of probation.  
 Other(*describe the action you are appealing and give the date the trial court took the action*):  
\_\_\_\_\_  
\_\_\_\_\_
- c.  The trial court has not yet issued a final judgment in this case. I am appealing before final judgment an order that denied a motion to suppress evidence in this case (Penal Code section 1538.5(j)).
- d.  Other action (*describe the action you are appealing and give the date the trial court took the action*):  
\_\_\_\_\_  
\_\_\_\_\_

**3 Record on Appeal**

*See form CR-131-INFO for information about the record on appeal.*

- a.  I have attached a completed *Notice Regarding Record on Appeal (Misdemeanor)* (form CR-134).
- b.  I have **not** attached a *Notice Regarding Record on Appeal (Misdemeanor)* (form CR-134). I understand that I must file this notice in the trial court within either: (1) 20 days after I file this notice of appeal; or, if it is later, (2) 10 days after the court appoints a lawyer for me (if I file a request for a court-appointed lawyer within 20 days after I file my notice of appeal). I also understand that if I do not file the notice on time, the court will not be able to consider what was said in the trial court in deciding whether an error was made in the trial court proceedings.


**4 Court-Appointed Lawyer**

- a. I/My client  was  was not represented by the public defender or another court-appointed lawyer in the trial court.
- b. I am/My client is (*check (1) or (2)*):
  - (1)  asking the court to appoint a lawyer to represent me/my client in this appeal. I have completed *Request for Court-Appointed Lawyer in Misdemeanor Appeal* (form CR-133) and attached it to this notice of appeal.
  - (2)  **not** asking the court to appoint a lawyer to represent me/my client in this appeal.

**REMINDER—Except in the very limited circumstances listed in rule 8.853, you must file this form no later than 30 days after the trial court issued the judgment or order you are appealing in your case. If your notice of appeal is late, the court will not take your appeal.**

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

  
\_\_\_\_\_  
*Signature of appellant or attorney*

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): _____	<i>FOR COURT USE ONLY</i>
<b>PEOPLE OF THE STATE OF CALIFORNIA</b> vs. DEFENDANT: _____	
<b>NOTICE OF TERMINATION OF PROTECTIVE ORDER          IN CRIMINAL PROCEEDING</b> <b>(Penal Code, §§ 136.2, 136.2(i)(1), 273.5(j), 646.9(k), and 1203.097(a)(2))</b>	CASE NUMBER: _____

**NOTICE: THIS TERMINATION ORDER DOES NOT TERMINATE ANY EXISTING FAMILY, JUVENILE, OR PROBATE COURT ORDERS.**

**ORDER**

**1. THE COURT ORDERS:**

Effective (*today's date*): \_\_\_\_\_, the Protective Order in the above-entitled case and issued on (*date*): \_\_\_\_\_,  
 restraining (*name of restrained person*): \_\_\_\_\_,  
 listing as protected person(s): \_\_\_\_\_,

**is terminated.**

- 2. This termination order supersedes all prior protective orders in the above-entitled case.
- 3. The court or its designee must ensure that this order is electronically transmitted to the Department of Justice within one business day by either:
  - a.  transmitting a physical copy of the order to a local law enforcement agency authorized by the Department of Justice to enter orders into the California Law Enforcement Telecommunications System (CLETS); or
  - b.  entering the order into CLETS directly, but only with the approval of the Department of Justice.
- 4.  The prosecuting agency is to notify the protected person(s) of this order.

Executed on: \_\_\_\_\_ Department/Division: \_\_\_\_\_  
 (DATE) (SIGNATURE OF JUDICIAL OFFICER)

**DV-150**

**Supervised Visitation and Exchange Order**

Case Number: \_\_\_\_\_

This form is attached to  DV-110, *Temporary Restraining Order*  DV-130, *Restraining Order After Hearing*  
 DV-140, *Child Custody and Visitation Order*

① **Name of Protected Person:** \_\_\_\_\_  Mom  Dad  Other\*

② **Other Parent's Name:** \_\_\_\_\_  Mom  Dad  Other\*

*\*If Other, specify relationship to child:* \_\_\_\_\_

**The Court Orders:**

③ **Mediation, Visitation and Exchange**

a.  Parties must go to mediation at: \_\_\_\_\_

b.  Visitation of children is supervised.  
Parent to be supervised is:  Mom  Dad  Other (*name*): \_\_\_\_\_

c.  Exchanges of children are supervised.

④ **Schedule of Supervised Visits**

- a.  All visits as provided in the schedule on Form DV-140, item ④ (d) are to be supervised.
- b.  Supervised visits shall be \_\_\_\_\_ visit(s) per week of \_\_\_\_\_ hours(s) each, to be arranged with the provider.
- c.  Other schedule of supervised visits is attached. (*Check here and attach a sheet of paper with "DV-150, Other Schedule" for a title.*)

⑤ **Type of Provider**

- a.  Professional (individual or supervised visitation center)
- b.  Nonprofessional

⑥ **Provider's Information**

Name: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_  
 Address: \_\_\_\_\_

⑦ **Costs Will Be Paid As Follows:**

- Mom to pay: \_\_\_\_\_ %
- Dad to pay: \_\_\_\_\_ %
- Other: \_\_\_\_\_

⑧ **Contact With Provider**

- Mom to contact provider before (*date*): \_\_\_\_\_
- Dad to contact provider before (*date*): \_\_\_\_\_
- Other: \_\_\_\_\_

⑨ **The court also orders** (*specify*): \_\_\_\_\_  
\_\_\_\_\_

**This is a Court Order.**

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): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>JUVENILE DEPENDENCY PETITION (VERSION ONE)</b> <b>(Welf. &amp; Inst. Code, § 300 et seq.)</b> <input type="checkbox"/> § 300—Original <input type="checkbox"/> § 342—Subsequent <input type="checkbox"/> § 387—Supplemental	CASE NUMBER:  RELATED CASE (if any):

1. Petitioner on information and belief alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code (check applicable boxes; see attachment 1a for concise statements of facts): <input type="checkbox"/> (a) <input type="checkbox"/> (b)(1) <input type="checkbox"/> (b)(2) <input type="checkbox"/> (c) <input type="checkbox"/> (d) <input type="checkbox"/> (e) <input type="checkbox"/> (f) <input type="checkbox"/> (g) <input type="checkbox"/> (h) <input type="checkbox"/> (i) <input type="checkbox"/> (j)				
b. Child's name:		c. Age:	d. Date of birth:	e. Sex:
f. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father (check all that apply): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	g. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father (check all that apply): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged			
h. Name: <input type="checkbox"/> mother Address: <input type="checkbox"/> father <input type="checkbox"/> guardian <input type="checkbox"/> unknown  If mother or father (check all that apply): <input type="checkbox"/> legal <input type="checkbox"/> biological <input type="checkbox"/> presumed <input type="checkbox"/> alleged	i. Other (state name, address, and relationship to child):  <input type="checkbox"/> No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.			
j. Prior to intervention, child resided with <input type="checkbox"/> parent (name): <input type="checkbox"/> parent (name): <input type="checkbox"/> guardian (name): <input type="checkbox"/> Indian custodian (name): <input type="checkbox"/> other (state name, address, and relationship to child):	k. Child is <input type="checkbox"/> not detained <input type="checkbox"/> detained Date and time of detention: Current place of detention (address):  <input type="checkbox"/> Relative <input type="checkbox"/> Shelter/foster care <input type="checkbox"/> Other			

2. I have asked about Indian ancestry for this child and have completed and attached the required *Indian Child Inquiry Attachment*, form ICWA-010(A). (If this is a subsequent filing and there is no new information, form ICWA-010(A) is not required.)

(See important notice on page 2.)

CHILD'S NAME:	CASE NUMBER:
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3. Petitioner requests that the court find these allegations to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

\_\_\_\_\_  \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Address and telephone number (if different person signing than listed in caption above):

Number of pages attached: \_\_\_\_\_  Other children are listed on *Additional Children Attachment* (form JV-101(A))

**— NOTICE —**

**TO PARENT**

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

**TO PARENTS OR OTHERS LEGALLY RESPONSIBLE  
FOR THE SUPPORT OF THE CHILD**

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.

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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CASE NAME:	
<b>JUVENILE DEPENDENCY PETITION (VERSION TWO)</b> <b>(Welf. &amp; Inst. Code, § 300 et seq.)</b>  <input type="checkbox"/> § 300—Original <input type="checkbox"/> § 342—Subsequent <input type="checkbox"/> § 387—Supplemental	CASE NUMBER:
	RELATED CASE (if any):

1. Petitioner on information and belief alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code ( <i>check applicable subdivisions for each child; see attachment 1a for concise statements of facts</i> ):																																					
<table border="0" style="width:100%;"> <tr> <th style="text-align: left;">b. Child's name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Date of birth</th> <th style="text-align: left;">Sex</th> <th style="text-align: left;">Section 300 subdivisions (<i>check all that apply</i>):</th> </tr> <tr> <td>1.</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> a             <input checked="checked" type="checkbox"/> b(1)             <input type="checkbox"/> b(2)             <input type="checkbox"/> c             <input type="checkbox"/> d             <input type="checkbox"/> e             <input type="checkbox"/> f             <input type="checkbox"/> g             <input type="checkbox"/> h             <input type="checkbox"/> i             <input type="checkbox"/> j         </td> </tr> <tr> <td>2.</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> a             <input checked="checked" type="checkbox"/> b(1)             <input type="checkbox"/> b(2)             <input type="checkbox"/> c             <input type="checkbox"/> d             <input type="checkbox"/> e             <input type="checkbox"/> f             <input type="checkbox"/> g             <input type="checkbox"/> h             <input type="checkbox"/> i             <input type="checkbox"/> j         </td> </tr> <tr> <td>3.</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> a             <input checked="checked" type="checkbox"/> b(1)             <input type="checkbox"/> b(2)             <input type="checkbox"/> c             <input type="checkbox"/> d             <input type="checkbox"/> e             <input type="checkbox"/> f             <input type="checkbox"/> g             <input type="checkbox"/> h             <input type="checkbox"/> i             <input type="checkbox"/> j         </td> </tr> <tr> <td>4.</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> a             <input checked="checked" type="checkbox"/> b(1)             <input type="checkbox"/> b(2)             <input type="checkbox"/> c             <input type="checkbox"/> d             <input type="checkbox"/> e             <input type="checkbox"/> f             <input type="checkbox"/> g             <input type="checkbox"/> h             <input type="checkbox"/> i             <input type="checkbox"/> j         </td> </tr> <tr> <td>5.</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> a             <input checked="checked" type="checkbox"/> b(1)             <input type="checkbox"/> b(2)             <input type="checkbox"/> c             <input type="checkbox"/> d             <input type="checkbox"/> e             <input type="checkbox"/> f             <input type="checkbox"/> g             <input type="checkbox"/> h             <input type="checkbox"/> i             <input type="checkbox"/> j         </td> </tr> </table>	b. 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2. I have asked about Indian ancestry for each child and have completed and attached the required Indian Child Inquiry Attachment, form ICWA-010(A).

(See important notice on page 2.)



CHILD'S NAME:	CASE NUMBER:
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3. Petitioner requests that the court find these allegations to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

\_\_\_\_\_  \_\_\_\_\_

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Address and telephone number (if different person signing than listed in caption above):

Number of pages attached: \_\_\_\_\_

**— NOTICE —**

**TO PARENT**

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

**TO PARENTS OR OTHERS LEGALLY RESPONSIBLE FOR THE SUPPORT OF THE CHILD**

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.

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):	LEVYING OFFICER (Name and address):
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>PLAINTIFF/PETITIONER:</b> <b>DEFENDANT/RESPONDENT:</b>	CASE NUMBER:
<b>EARNINGS WITHHOLDING ORDER (Wage Garnishment)</b>	LEVYING OFFICER FILE NUMBER:
<b>EMPLOYEE: KEEP YOUR COPY OF THIS LEGAL PAPER. EMPLEADO: GUARDE ESTE PAPEL OFICIAL.</b>	

**EMPLOYER: Enter the following date to assist your recordkeeping.**  
**Date this order was received by employer (specify the date of personal delivery by levying officer or registered process server or the date mail receipt was signed):**

**TO THE EMPLOYER REGARDING YOUR EMPLOYEE:**

Name and address of employer

Name and address of employee

Social Security No.  on form WG-035  unknown

1. A judgment creditor has obtained this order to collect a court judgment against your employee. You are directed to withhold part of the earnings of the employee (*see instructions on reverse of this form*). Pay the withheld sums to the **levying officer** (*name and address above*).

If the employee works for you now, you must **give the employee a copy of this order and the *Employee Instructions (form WG-003)*** within 10 days after receiving this order.

**Complete both copies of the form *Employer's Return (form WG-005)* and mail them to the levying officer** within 15 days after receiving this order, whether or not the employee works for you.

2. The total amount due is: \$

Count 10 calendar days from the date when you received this order. If your employee's pay period ends before the 10th day, **do not** withhold earnings payable for that pay period. **Do** withhold from earnings that are payable for any pay period ending on or after that 10th day.

Continue withholding for all pay periods until you withhold the amount due. The levying officer will notify you of an assessment you should withhold in addition to the amount due. Do not withhold more than the total of these amounts. Never withhold any earnings payable before the beginning of the earnings withholding period.

3. The judgment was entered in the court on (*date*):

The judgment creditor (*if different from the plaintiff*) is (*name*):

4. The **INSTRUCTIONS TO EMPLOYER** on the reverse tell you how much of the employee's earnings to withhold each payday and answer other questions you may have.

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME)

\_\_\_\_\_ (SIGNATURE)

LEVYING OFFICER       REGISTERED PROCESS SERVER

(Employer's Instructions on reverse)

**INSTRUCTIONS TO EMPLOYER ON  
EARNINGS WITHHOLDING ORDERS**

**WG-002**

The instructions in paragraph 1 on the reverse of this form describe your early duties to provide information to your employee and the levying officer.

Your other duties are TO WITHHOLD THE CORRECT AMOUNT OF EARNINGS (if any) and PAY IT TO THE LEVYING OFFICER during the withholding period.

The withholding period is the period covered by the *Earnings Withholding Order* (this order). The withholding period begins ten (10) calendar days after you receive the order and continues until the total amount due, plus additional amounts for costs and interest (which will be listed in a levying officer's notice), is withheld.

It may end sooner if (1) you receive a written notice signed by the levying officer specifying an earlier termination date, or (2) an order of higher priority (explained on the reverse of the *EMPLOYER'S RETURN*) is received.

You are entitled to rely on and must obey all written notices signed by the levying officer.

The *Employer's Return* (form WG-005) describes several situations that could affect the withholding period for this order. If you receive more than one *Earnings Withholding Order* during a withholding period, review that form (*Employer's Return*) for instructions.

If the employee stops working for you, the *Earnings Withholding Order* ends after no amounts are withheld for a continuous 180-day period. If withholding ends because the earnings are subject to an order of higher priority, the *Earnings Withholding Order* ends after a continuous two-year period during which no amounts are withheld under the order. **Return the Earnings Withholding Order to the levying officer with a statement of the reason it is being returned.**

**WHAT TO DO WITH THE MONEY**

The amounts withheld during the withholding period must be paid to the levying officer by the 15th of the next month after each payday. If you wish to pay more frequently than monthly, each payment must be made within 10 days after the close of the pay period.

Be sure to mark each check with the case number, the levying officer's file number, if different, and the employee's name so the money will be applied to the correct account.

**WHAT IF YOU STILL HAVE QUESTIONS?**

The garnishment law is contained in the Code of Civil Procedure beginning with section 706.010. Sections 706.022, 706.025, 706.050, and 706.104 explain the employer's duties.

The Federal Wage Garnishment Law and federal rules provide the basic protections on which the California law is based. Inquiries about the federal law will be answered by mail, telephone, or personal interview at any office of the Wage and Hour Division of the U.S. Department of Labor. Offices are listed in the telephone directory under the U.S. Department of Labor in the U.S. Government listing.

**THE CHART BELOW AND THESE INSTRUCTIONS APPLY UNDER NORMAL CIRCUMSTANCES. THEY DO NOT APPLY TO ORDERS FOR THE SUPPORT OF A SPOUSE, FORMER SPOUSE, OR CHILD.**

The chart below shows **HOW MUCH TO WITHHOLD** when the state minimum wage is \$10.00 per hour, for different amounts of *disposable earnings* (as described in the Computation Instructions) and different pay periods. If the minimum wage changes in the future, the levying officer will provide a chart showing the new withholding rates.

**MAXIMUM WITHHOLDING FROM DISPOSABLE EARNINGS BY PAY PERIOD**

**MINIMUM WAGE: \$10.00 per hour**

**(Beginning January 1, 2016)**

Daily or Weekly	Every Two Weeks	Twice a Month	Monthly
\$400.00 or less in a workweek: No withholding	\$800.00 or less: No withholding	\$866.67 or less: No withholding	\$1,733.33 or less: No withholding
From \$400.01 to \$533.32: Amount above \$400.00	From \$800.01 to \$1,066.66: Amount above \$800.00	From \$866.68 to \$1,155.55: Amount above \$866.67	From \$1,733.34 to \$2,311.10: Amount above \$1,733.33
\$533.33 or more: 25% of disposable earnings	\$1,066.67 or more: 25% of disposable earnings	\$1,155.56 or more: 25% of disposable earnings	\$2,311.11 or more: 25% of disposable earnings

**COMPUTATION INSTRUCTIONS**

State and federal law limits the amount of earnings that can be withheld. The limitations are based on the employee's disposable earnings, which are different from gross pay or take-home pay.

To determine the CORRECT AMOUNT OF EARNINGS TO BE WITHHELD (if any), compute the employee's *disposable earnings*.

(A) Earnings include any money (whether called wages, salary, commissions, bonuses, or anything else) that is paid by an employer to an employee for personal services. Vacation or sick pay is subject to withholding as it is received by the employee. Tips are generally not included as earnings since they are not paid by the employer.

(B) *Disposable earnings* are the earnings left after subtracting the part of the earnings a state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) federal social security, (3) state income tax, (4) state disability insurance, and (5) payments to public employee retirement systems. Disposable earnings will change when the required deductions change.

After the employee's *disposable earnings* are known, use the chart below to determine what amount should be withheld. In the column listed under the employee's pay period, find the employee's disposable earnings. The amount shown below that is the amount to be withheld. For example, if the employee is paid disposable earnings of \$2000 twice a month (semi-monthly), the correct amount to withhold is 25 percent each payday, or \$500.

The chart below is based on the state minimum wage that is in effect on January 1, 2016. It will change when the minimum wage changes. Restrictions are based on the minimum wage effective at the time the earnings are payable.

Occasionally, the employee's earnings will also be subject to a *Wage and Earnings Assignment Order*, an order available from family law courts for child, spousal, or family support. The amount required to be withheld for that order should be deducted from the amount to be withheld for this order.

**IMPORTANT WARNINGS**

- IT IS AGAINST THE LAW TO FIRE THE EMPLOYEE BECAUSE OF *EARNINGS WITHHOLDING ORDERS* FOR THE PAYMENT OF ONLY ONE INDEBTEDNESS. No matter how many orders you receive, so long as they all relate to a single indebtedness (no matter how many debts are represented in that judgment), the employee may not be fired.
- IT IS ILLEGAL TO AVOID AN *EARNINGS WITHHOLDING ORDER* BY POSTPONING OR ADVANCING THE PAYMENT OF EARNINGS. The employee's pay period must not be changed to prevent the order from taking effect.

IT IS ILLEGAL NOT TO PAY AMOUNTS WITHHELD FOR THE *EARNINGS WITHHOLDING ORDER* TO THE LEVYING OFFICER. Your duty is to pay the money to the levying officer who will pay the money in accordance with the law that applies to this case.

**IF YOU VIOLATE ANY OF THESE LAWS YOU MAY BE HELD LIABLE TO PAY CIVIL DAMAGES AND YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION!**

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):	LEVYING OFFICER (Name and address):
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>PLAINTIFF/PETITIONER:</b> <b>DEFENDANT/RESPONDENT:</b>	CASE NUMBER:
<b>EARNINGS WITHHOLDING ORDER FOR          ELDER OR DEPENDENT ADULT FINANCIAL ABUSE          (Wage Garnishment)</b>	LEVYING OFFICER FILE NUMBER:

**EMPLOYEE: KEEP YOUR COPY OF THIS LEGAL PAPER. EMPLEADO: GUARDE ESTE PAPEL OFICIAL.**

**EMPLOYER: Enter the following date to assist your record keeping.**  
 Date this order was received by employer (specify the date of personal delivery by levying officer or registered process server or the date mail receipt was signed):

**TO THE EMPLOYER REGARDING YOUR EMPLOYEE:**

Name and address of employer	Name and address of employee
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Social Security No. <input type="text"/> on form WG-035 <input type="text"/> unknown

- A judgment creditor has obtained this order to collect a court judgment against your employee. You are directed to withhold part of the earnings of the employee (see instructions on reverse of this form).  
 Pay the withheld sums to the **levying officer** (name and address above). If the employee works for you now, you must **give the employee a copy of this order and the Employee Instructions (form WG-003)** within 10 days after receiving this order.  
**Complete both copies of the Employer's Return (form WG-005) and mail them to the levying officer** within 15 days after receiving this order, whether or not the employee works for you.
- The total amount due is: \$
  - The amount arising from an elder or dependent financial abuse claim is: \$

Count 10 calendar days from the date when you received this order. If your employee's pay period ends before the tenth day, **do not** withhold earnings payable for that pay period. **Do** withhold from earnings that are payable for any pay period ending on or after that tenth day.

Continue withholding for all pay periods until you withhold the amount due. The levying officer will notify you of an assessment you should withhold in addition to the amount due. Do not withhold more than the total of these amounts. Never withhold any earnings payable before the beginning of the earnings withholding period.
- The judgment was entered in the court on (date):  
 The judgment creditor (if different from the plaintiff) is (name):
- The EMPLOYER'S INSTRUCTIONS on the reverse tell you how much of the employee's earnings to withhold each payday. Follow those instructions unless you receive a court order or order from the levying officer giving you other instructions.

Date: \_\_\_\_\_

\_\_\_\_\_ (TYPE OR PRINT NAME) ▶ \_\_\_\_\_ (SIGNATURE)

LEVYING OFFICER  REGISTERED PROCESS SERVER

(Employer's Instructions on reverse)

**EARNINGS WITHHOLDING ORDER  
 FOR ELDER OR DEPENDENT ADULT FINANCIAL ABUSE  
 (Wage Garnishment)**

**INSTRUCTIONS TO EMPLOYER ON  
EARNINGS WITHHOLDING ORDERS**

**WG-030**

The instructions in paragraph 1 on the reverse of this form describe your early duties to provide information to your employee and the levying officer.

Your other duties are TO WITHHOLD THE CORRECT AMOUNT OF EARNINGS (if any) and PAY IT TO THE LEVYING OFFICER during the withholding period.

The withholding period is the period covered by the *Earnings Withholding Order* (this order). The withholding period begins ten (10) calendar days after you receive the order and continues until the total amount due, plus additional amounts for costs and interest (which will be listed in a levying officer's notice), is withheld.

It may end sooner if (1) you receive a written notice signed by the levying officer specifying an earlier termination date, or (2) an order of higher priority (explained on the reverse of the *EMPLOYER'S RETURN*) is received.

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**MAXIMUM WITHHOLDING FROM DISPOSABLE EARNINGS BY PAY PERIOD**

**MINIMUM WAGE: \$10.00 per hour**

**(Beginning January 1, 2016)**

Daily or Weekly	Every Two Weeks	Twice a Month	Monthly
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\$533.33 or more: 25% of disposable earnings	\$1,066.67 or more: 25% of disposable earnings	\$1,155.56 or more: 25% of disposable earnings	\$2,311.11 or more: 25% of disposable earnings

**COMPUTATION INSTRUCTIONS**

State and federal law limits the amount of earnings that can be withheld. The limitations are based on the employee's disposable earnings, which are different from gross pay or take-home pay.

To determine the CORRECT AMOUNT OF EARNINGS TO BE WITHHELD (if any), compute the employee's *disposable earnings*.

(A) Earnings include any money (whether called wages, salary, commissions, bonuses, or anything else) that is paid by an employer to an employee for personal services. Vacation or sick pay is subject to withholding as it is received by the employee. Tips are generally not included as earnings since they are not paid by the employer.

(B) *Disposable earnings* are the earnings left after subtracting the part of the earnings a state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) federal social security, (3) state income tax, (4) state disability insurance, and (5) payments to public employee retirement systems. Disposable earnings will change when the required deductions change.

After the employee's *disposable earnings* are known, use the chart below to determine what amount should be withheld. In the column listed under the employee's pay period, find the employee's disposable earnings. The amount shown below that is the amount to be withheld. For example, if the employee is paid disposable earnings of \$2000 twice a month (semi-monthly), the correct amount to withhold is 25 percent each payday, or \$500.

The chart below is based on the state minimum wage that is in effect on January 1, 2016. It will change when the minimum wage changes. Restrictions are based on the minimum wage effective at the time the earnings are payable.

Occasionally, the employee's earnings will also be subject to a *Wage and Earnings Assignment Order*, an order available from family law courts for child, spousal, or family support. The amount required to be withheld for that order should be deducted from the amount to be withheld for this order.

**IMPORTANT WARNINGS**

1. IT IS AGAINST THE LAW TO FIRE THE EMPLOYEE BECAUSE OF *EARNINGS WITHHOLDING ORDERS* FOR THE PAYMENT OF ONLY ONE INDEBTEDNESS. No matter how many orders you receive, so long as they all relate to a single indebtedness (no matter how many debts are represented in that judgment), the employee may not be fired.
2. IT IS ILLEGAL TO AVOID AN *EARNINGS WITHHOLDING ORDER* BY POSTPONING OR ADVANCING THE PAYMENT OF EARNINGS. The employee's pay period must not be changed to prevent the order from taking effect.

IT IS ILLEGAL NOT TO PAY AMOUNTS WITHHELD FOR THE *EARNINGS WITHHOLDING ORDER* TO THE LEVYING OFFICER. Your duty is to pay the money to the levying officer who will pay the money in accordance with the law that applies to this case.

**IF YOU VIOLATE ANY OF THESE LAWS YOU MAY BE HELD LIABLE TO PAY CIVIL DAMAGES AND YOU MAY BE SUBJECT TO CRIMINAL PROSECUTION!**