

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Juvenile Division	
IN RE: _____	
ORDER DECLARING MINOR FREE FROM PARENTAL CUSTODY AND CONTROL	CASE NUMBER: _____

1. This proceeding was heard

On (date): _____ at (time): _____ in Dept: _____

Address of court ☐ same as noted above ☐ Other (specify): _____

by Judicial Officer: _____

on the Petition Declaring Minor Free from Parental Custody and Control filed (date): _____

by petitioner(s): _____

2. Notice of the hearing on the petition was given to citee(s): _____
as prescribed by law to appear at this time and place.

3. The petitioner (s) named in Section 1 above being present in Court, and cite(s) named in Section 2 above having ☐ appeared ☐ failed to appear and evidence both oral and documentary being offered and received, and the written report having been filed herein and considered by the Court. The Court finds by clear and convincing evidence that it is in the best interest of the child(ren) to be declared free from the custody and control of their parent(s).

4. The Court orders the petition granted and declares the child(ren) named in Section 5 below free from the custody and control of (name(s)): _____

5. Name(s) of Child(ren):

1. _____

3. _____

2. _____

4. _____

6. Other orders: ☐ As attached

Dated: _____

Judge of the Superior Court