ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar number, and address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. (*Optional*): E-MAIL ADDRESS (*Optional*): ATTORNEY FOR (*Name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME: *one motion per child*	CASE NUMBER:

HEARING DATE:	TIME:	DEPARTMENT:

MOTION FOR TRANSFER

☐ _____ County ☐ Child Welfare Department, by and through counsel, **or**
☐ Probation Department, requests an order transferring the above-referenced case to _____ County.

☐ _____, attorney for _____ requests an order transferring the above-referenced case to _____ County.

This motion is brought pursuant to Welfare and Institutions Code ☐ §375 ☐ §750 ☐ Other:

A. Facts of Case

1. Type of Case
   ☐ Delinquency ☐ Dependency ☐ Nonminor Dependent

2. Disposition
   ☐ Disposition not yet imposed/deferred ☐ Disposition imposed from sending county on: _____

3. ☐ Confinement Time/Custody Credit *(Delinquency Cases Only)*
   a. As of _____ the overall term of confinement time in the sending county was:

   b. Overall Custody Credits:

B. Best Interests *(State why the proposed transfer is in the best interest of the minor or nonminor.)*

C. Verification of Residence

1. The ☐ parent's/legal guardian's address ☐ nonminor's address in the proposed receiving county was confirmed by the sending county's agency as:

   Name:
   Address:
   City: State: Zip:
   Phone:

CHILD'S NAME:	CASE NUMBER:

2. The ☐ probation officer ☐ social worker in the ☐ receiving county ☐ sending county has conducted an address check and verified the address.

3. Verification completed by: _____ Date verified: _____

4. Documentation establishing residency in the proposed receiving county is attached to this motion. The following documentation is attached:

D. Education Information

1. Name of last school attended: _____
2. Name of school district: _____
3. ☐ Name of current Educational Rights Holder or Surrogate Parent: _____
4. ☐ Name of proposed Educational Rights Holder or Surrogate Parent: _____
5. ☐ There is an Individual Education Plan (IEP) for the minor.

E. Services

1. The level of services required by the minor ☐ can ☐ cannot be met in the proposed receiving county.

2. The level of services required by ☐ parent or legal guardian ☐ can ☐ cannot be met in the proposed receiving county.

3. Describe the type and level of service or supervision required by the minor and/or parent or legal guardian *(e.g., drug treatment, residential, outpatient, NA only, etc.).*

4. ☐ A copy of the most recent case plan is attached.
   ☐ Probation did not previously supervise the minor. [ICT Protocol, Chp. 3, Section B(4).]

F. Other

1. ☐ The current status of the Indian Child Welfare Act (ICWA) is *(specify)*:

2. ☐ Parentage has been determined as indicated in minute order dated: _____

3. ☐ A WIC §241.1 determination has been made as indicated in the minute order dated: _____

4. ☐ Restitution has been determined in the amount of $ _____ .
   See minute order dated: _____

5. ☐ The minor has exceptional medical needs *(specify)*:

CHILD'S NAME:	CASE NUMBER:

6. ☐ There are pending Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) issues in this case.
7. ☐ A Special Juvenile Immigrant Status (SJIS) application is pending.
8 ☐ A Social Security Income (SSI) application is pending,
9. ☐ There are active orders regarding psychotropic medications. The last order is dated: _____
10. ☐ If applicable, in the below box, please list all dependency and delinquency cases for the minor.

Case Number	County	Case Type

11. ☐ Other:

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

Date:

_____ _____
(TYPE OR PRINT NAME OF ☐ PROBATION OFFICER ☐ SOCIAL WORKER) (SIGNATURE)

_____ _____
(TYPE OR PRINT NAME OF ☐ PARTY ☐ ATTORNEY FOR PARTY) (SIGNATURE)

CHILD'S NAME:	CASE NUMBER:

PROOF OF SERVICE

I served a copy of the Motion for Transfer on the following persons or entities by personally delivering a copy to the person served, OR by emailing the document to an agreed upon email address of the person served, OR by faxing the document to the fax number provided by the person served, OR by delivering a copy to a competent adult at the usual place of residence or business of the person served and thereafter mailing a copy by first-class mail to the person served at the place where the copy was delivered, OR by placing a copy in a sealed envelope and depositing the envelope directly in the U.S. mail with postage prepaid or at my place of business for same-day collection and mailing with the U.S. mail, following our ordinary business practices with which I am readily familiar:

1. ☐ Social worker ☐ Probation officer ☐ Attorney
   a. Name and address:
   b. Date of service:
   c. Method of service:

   a. Name and address:
   b. Date of service:
   c. Method of service:

2. ☐ Mother ☐ Father ☐ Legal Guardian ☐ Attorney
   a. Name and address:
   b. Date of service:
   c. Method of service:

   a. Name and address:
   b. Date of service:
   c. Method of service:

3. ☐ Mother ☐ Father ☐ Legal Guardian ☐ Attorney
   a. Name and address:
   b. Date of service:
   c. Method of service:

   a. Name and address:
   b. Date of service:
   c. Method of service:

4. ☐ Child *(if 10 years of age or older)* ☐ Attorney
   a. Name and address:
   b. Date of service:
   c. Method of service:

   a. Name and address:
   b. Date of service:
   c. Method of service:

☐ Additional parties served. Additional Proof of Service form attached.

5. At the time of service, I was at least 18 years of age and not a party to this cause. I am a resident of, or employed in, the county where the mailing occurred. My residence or business address is *(specify)*:

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)