ATTORNEY OR AGENCY SUBMITTING NOTICE (Name, Department, State Bar number and address):			For Court Use Only
TELEPHONE NO.	FAVAIO (Ortically		
TELEPHONE NO: E-MAIL ADDRESS (Optional):	FAX NO (Optional):		
ATTORNEY FOR (name):			
	FORNIA, COUNTY OF SAN BERNARDINO		
STREET ADDRESS: MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
CASE NAME:			
NOTICE OF SPECIAL HEARING		CASE NUMBER:	
JUVENILE DELINQUENCY PROCEEDING			
Welfare & Institutions Code § 602		RELATED CASE (if any):	
1. A hearing will be held:			
on (date):	on (date):at (time):		n Dept.:
located at: 900 EAST GILBERT STREET, BLDG. 35, SAN BERNARDINO, CA. 92415-0942			
2. Hearing date approved by courtroom on (date):			
3. This hearing is for the purpose of:			
	CE OF SPECIAL HEARING on (date)	on the following	g persons or entities (indicate name of
person served and method	•	□ <b>Δ</b> 44	
☐ Public Defender: ☐ Attorney - other: ☐ Probation Department:			
☐ Friedman & Cazares: ☐ Probation Department:			
☐ Clark & Le, LLP: ☐ Probation Court Officer:			
☐ Friedland & Associates: ☐ Other: ☐ Other:			
At the time of service I was a	at least 18 years of age and not a party to	o this cause. I am a resident	of or employed in the county where the
service occurred. My resider	nce or business address is (specify):		
I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
, ,		0 0	
Date:			
(TYPE OR F	PRINT NAME)		(SIGNATURE)