

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): 	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD'S NAME:		JUVENILE DEPENDENCY CASE NUMBER:
TERMINATION OF DEPENDENCY (Juvenile)		

DEPENDENCY AND JUVENILE COURT JURISDICTION OF THE ABOVE-REFERENCED CHILD ARE TERMINATED.

ORDER FOR REVIEW HEARING SET ON (*DATE*): _____ IS VACATED.

Date:

JUDICIAL OFFICER