

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) <span style="float: right;">Telephone Number</span>  <input type="checkbox"/> ATTORNEY FOR (Name): <input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> SELF-REPRESENTED	FOR COURT USE ONLY          CASE NUMBER:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA  <input type="checkbox"/> 800 SOUTH VICTORIA AVE., VENTURA, CA 93009  <input type="checkbox"/> 4353 VINEYARD AVE., OXNARD, CA 93036	
PETITIONER:	
<b>REQUEST FOR REPORT FROM HUMAN SERVICES</b>  <input type="checkbox"/> Family Code sections 7851 <input type="checkbox"/> Probate Code section 1516.5	

*(Use this form when you have filed a petition to declare a child free from a parent's custody and control under Family Code section 7800 or Probate Code section 1516.5.)*

The petitioner requests that the Ventura County Human Services Agency prepare a report as required under *(check all that apply)*:

- Family Code sections 7850 - 7851
- Probate Code section 1516.5 subdivision (b)

The hearing on the petition is set for \_\_\_\_\_ *(date and time)* in courtroom \_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_  
 Petitioner/Attorney for Petitioner

On \_\_\_\_\_ (date) the clerk of the court delivered a copy of the petition, any objection or response to the petition and a copy of this Request to the Human Services Agency.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
 Clerk