

SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES		Reserved for Clerk's File Stamp
ATTORNEY NAME:	STATE BAR NO.:	
FIRM NAME:		
ADDRESS:		
PHONE NO.:		
EMAIL:		
IN THE MATTER OF:		
A CHILD		
REPORT OF CHILD'S EDUCATIONAL AND DEVELOPMENTAL NEEDS		CASE NUMBER: Dependency: Department: Next Court Date:

- Request for attorney on Education Panel
- Request for specific attorney not on Education Panel
- Expulsion hearing pending
Hearing date: _____

A preliminary investigation regarding the above-captioned child is complete and the dependency attorney submits this report to the Office of the Presiding Judge of the Juvenile Court pursuant to Welfare and Institutions Code Section 317, subdivision (e), for a court determination as to whether further action should be commenced. If the Court refers this matter to outside counsel, such counsel is advised to independently investigate the information contained in this report as it is based solely on documents and information available at the time of its submission.

1. CHILD

Name:
Date of birth:
Primary language (spoken/written): /
Current residence:
Phone:

2. CONTACT INFORMATION

Caretaker:
Name:

Primary language (spoken/written): /
Relationship to Child:
Phone:
E-mail:

Educational/developmental rights holder:

Name:
Primary language (spoken/written): /
Address:
Phone:
E-mail:

Parent:

Name:
Primary language (spoken/written): /
Address:
Phone:
E-mail:

Parent:

Name:
Primary language (spoken/written): /
Address:
Phone:
E-mail:

Legal guardian:

Name:
Primary language (spoken/written): /
Address:
Phone:
E-mail:

Responsible adult (Welf. & Inst. Code, § 361):

Surrogate (by school – Gov. Code, § 7579.5):

Current school:

Name:

Address:

Phone:

CSW:

Name:

Phone:

E-mail:

CSW supervisor:

Name:

Phone:

E-mail:

CASA (if applicable):

Name:

Phone:

E-mail:

DCFS education liaison:

Name:

Phone:

E-mail:

3. PARTY INFORMATION

Judicial officer:

Name:

Court address:

Phone:

District attorney:

Name:

Address:

Phone:

E-mail:

Other party:

Name:

Address:

Phone:

E-mail:

4. CHILD'S BACKGROUND INFORMATION

Is Child a Regional Center client? Yes No

Name of Regional Center:

Is Child a special education student? Yes No

Classification:

Date of last IEP meeting (attach last IEP to report):

Does last IEP include ERMHS (formally AB 3632) services?

Mental health issues:

Preexisting medical conditions:

5. REASON FOR REFERRAL FOR REPRESENTATION

Type of advocacy needed (check all that apply):

- Special education: eligibility
- Special education: non-compliance
- Special education: change of placement/services
- Special education: ERMHS (formerly AB 3632)
- Enrollment
- Harassment/civil rights
- Poor academic performance
- Transfer
- Expulsion
- Suspension
- Behavioral plan
- Regional Center
- Other (including Section 504 services):

Brief description of advocacy needed:

Deadline or hearing date by which advocacy is needed:

Type of upcoming education hearing, and date/time: /

- IEP meeting (initial)
- IEP meeting (review)
- Manifestation determination IEP
- Pre-expulsion meeting
- Expulsion hearing
- 504 plan
- Compliance complaint
- Due process
- IPP
- Other:

Description of prior hearings or advocacy:

6. ADDITIONAL INFORMATION

Please identify (and attach if possible) any supporting documentation.

CERTIFICATION

I certify that this report is complete and accurate to the best of my knowledge at the time of filing. If I receive any further information or documentation prior to notification that an education attorney has accepted this case, I will file a supplement to this report with the Office of the Presiding Judge of the Juvenile Court as soon as possible.

Date:

Respectfully submitted,

By: _____

Dependency Attorney for Child