

ATTORNEY, PARTY WITHOUT ATTORNEY, OR AGENCY (NAME, ADDRESS, PHONE) Attorney for:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS Street Address: 800 11 th Street, Modesto, CA 95354 Mailing Address: P.O. Box 1098, Modesto, CA 95353	
IN THE MATTER OF:	
MOTION FOR: <input type="checkbox"/> Permission to Travel <input type="checkbox"/> Quash Protective Custody Warrant <input type="checkbox"/> Change of Name <input type="checkbox"/> Appointment of Counsel for _____ <input type="checkbox"/> Vacate/Reset Hearing Date <input type="checkbox"/> Other: _____ AND ORDER THEREON	Case No.: HEARING DATE HAS BEEN RESERVED FOR:

The undersigned party/agency is requesting a motion for:

- | | |
|---|---|
| <input type="checkbox"/> Permission to Travel | <input type="checkbox"/> Change of Name |
| <input type="checkbox"/> Vacate/Reset Hearing Date | <input type="checkbox"/> Quash Protective Custody Warrant |
| <input type="checkbox"/> Appointment of Counsel for _____ | |
| <input type="checkbox"/> Other: _____ | |

The follow facts are noted as a basis for requesting this motion and order:

The following parties/attorneys/agencies have been notified of this request/motion for order and their responses are as follows:

There is no opposition to the motion and therefore it is requested the motion be granted without a hearing The Requestor requests the reserved hearing be vacated.

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____ Requestor: _____

Upon review by the Court, it is HEREBY ORDERED that the motion is:

_____ DENIED
_____ GRANTED
_____ GRANTED AS FOLLOWS _____

_____ KEEP RESERVED HEARING. PARENT(S) SEEKING APPOINTMENT OF COUNSEL
MUST BE PRESENT AT THE HEARING.
_____ TELEPHONIC APPEARANCE GRANTED
_____ KEEP RESERVED HEARING _____
_____ HEARING SET FOR _____ IS VACATED
_____ HEARING SET FOR _____ IS RESET FOR _____
OTHER _____

Date: _____ By: _____

Judicial Officer