ATTORNEY FOR PARTY (Name, state bar number and address)	FOR COURT USE ONLY
TELEPHONE NO: FAX NO: (Optional) E-MAIL: (Optional) ATTORNEY FOR: (Name)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES **EDMUND D. EDELMAN CHILDREN"S COURTHOUSE** **201 CENTRE PLAZA DRIVE** **MONTEREY PARK, CALIFORNIA 91754** **JUVENILE DEPENDENCY, DEPARTMENT** _____ **IN THE MATTER OF:**	
ORDER APPOINTING EXPERT - 730EC	CASE NUMBER:

TO: _____

APPOINTMENT IS PURSUANT TO EVIDENCE CODE §730 TO EXAMINE THE FOLLOWING PERSONS / RELATIONSHIP

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____
6. _____ / _____

You are ordered to address the issue set forth in this Order. The original copy of your report is due in Department _____ NO LATER THAN THREE COURT DAYS prior to the next court hearing; which is: _____. Please notify the clerk of this court or the CSW if you encounter any problems. DCFS shall forward a copy of the petition and all relevant police and DCFS reports to you within five calendar days of this order. The name, address and telephone number of the CSW is: _____

You are further ordered to provide a copy of the completed report to the CSW named above. If you are unable to meet this deadline or have any other questions please contact this Court immediately. Your fee for the appointment is not to exceed the standard $500 per person. Fees for testimony shall not exceed $250 per half day or $400 per full day. Problems of particular concern to the Court are:

_____ Likelihood that child(ren) will be physically / emtionally abused by a parent and/or member of the household?

_____ Likelihood that child(ren) will be sexually abused by parent and / or member of the household?

_____ Extend of parent's substance / alcohol abuse and its effects on the minor(s)?

_____ Relationship between _____ and child(ren) conerning _____
_____
_____

_____ Psychological testing of _____ should be performed to determine the following:
_____
_____

_____ Neurological testing of _____ should be preformed to determine the following:
_____
_____

_____ Special Education testing of _____ should be performed to determine the following:
_____
_____

Prior testing done by: _____

_____ Your recommendation for placement/physical custody of minor(s).

_____ What special type of structure needs to be present in minors' placement?

_____ Your recommendation regarding visitation with minors by _____
_____

_____ Your recommendation for reunification/concerns: _____
_____

_____ Paternity Issues: _____
_____

_____ Your recommendation for therapy, if any.

Other Concerns: _____
_____
_____
_____
_____

_____   _____
(Dated)   (Judicial Officer)