

DEPENDENCY ATTORNEY NAME:  
OFFICE NAME:  
OFFICE ADDRESS:  
OFFICE TELEPHONE:  
OFFICE FAX:  
COURT TELEPHONE:

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES  
JUVENILE DIVISION**

IN THE MATTER OF:            )  
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  )  
A DEPENDENT                    )  
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COURT DEPARTMENT:  
CHILD CASE NUMBER:  
NEXT COURT DATE:  
**REPORT OF DEPENDENT EDUCATIONAL NEEDS  
PURSUANT TO WELFARE AND INSTITUTIONS  
CODE SECTION 317, SUBDIVISION (e)**

A preliminary investigation regarding the above-captioned child is complete and dependency counsel submits this report to the court pursuant to Welfare and Institutions Code Section 317(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 this time.

**1. DEPENDENT INFORMATION**

- A) NAME:
- B) DATE OF BIRTH:
- C) PRIMARY LANGUAGE:

**2. DEPENDENT CONTACT INFORMATION**

- A) CURRENT RESIDENCE OF CHILD:
- B) TELEPHONE NUMBER:
- C) CARETAKER'S NAME AND RELATIONSHIP TO CHILD:
  
- D) NAME AND STATUS OF EDUCATIONAL RIGHTS HOLDER:
  - PARENT:
  - LEGAL GUARDIAN:

- RESPONSIBLE ADULT (BY COURT—WIC 361):
- SURROGATE (BY SCHOOL—GOV. CODE 7579.5):
- ADDRESS:
- TELEPHONE NUMBER:
- PRIMARY LANGUAGE:

E) NAME AND LOCATION OF CHILD'S CURRENT SCHOOL:

F) NAME AND TELEPHONE NUMBER OF CHILD'S CSW AND CSW'S SUPERVISOR:

G) NAME AND TELEPHONE NUMBER OF CHILD'S CASA:

H) NAME AND TELEPHONE NUMBER OF DCFS EDUCATION LIAISON:

**3. PARTY INFORMATION** *(for noticing purposes)*

**A) BENCH OFFICER NAME, COURTROOM ADDRESS & PHONE:**

**B) MOTHER'S ATTORNEY NAME, ADDRESS AND TELEPHONE:**

**C) FATHER'S ATTORNEY NAME, ADDRESS AND TELEPHONE:**

**D) COUNTY COUNSEL NAME, ADDRESS, AND TELEPHONE:**

**E) OTHER PARTY NAME, ADDRESS AND TELEPHONE:**

**4. CHILD'S BACKGROUND INFORMATION**

A) MOTHER'S NAME, ADDRESS AND TELEPHONE:

B) FATHER'S NAME, ADDRESS AND TELEPHONE:

C) IS CHILD A REGIONAL CENTER CLIENT?                      YES  NO

NAME OF REGIONAL CENTER:

D) IS CHILD A SPECIAL EDUCATION STUDENT? YES  NO

REASON FOR CLASSIFICATION:

DATE OF LAST IEP MEETING (ATTACH TO REFERRAL):

DOES LAST IEP INCLUDE "ERMHS" (formerly AB3632) SERVICES?

E) MENTAL HEALTH ISSUES:

F) PREEXISTING MEDICAL CONDITIONS:

#### 5. REASON FOR REFERRAL FOR REPRESENTATION

A) 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
- OTHER (including Section 504 services)

B) BRIEF DESCRIPTION OF ADVOCACY NEEDED:

C) DEADLINE OR HEARING DATE BY WHICH ADVOCACY IS NEEDED:

D) TYPE OF UPCOMING EDUCATION HEARING (IF ANY):

- IEP MEETING (INITIAL)
- IEP MEETING (REVIEW)
- MANIFESTATION DETERMINATION IEP
- PRE-EXPULSION MEETING
- EXPULSION HEARING
- 504 PLAN
- COMPLIANCE COMPLAINT

- DUE PROCESS
- OTHER

E) DESCRIPTION OF ANY PRIOR HEARINGS OR ADVOCACY:

**6. ADDITIONAL INFORMATION**

PLEASE IDENTIFY (AND ATTACH IF POSSIBLE) ANY SUPPORTING DOCUMENTATION THAT YOU EITHER POSSESS OR WHICH YOU KNOW EXISTS.

This report is complete to the best of my knowledge at the time of filing. If I receive any further information or documents prior to notification that an education attorney has accepted this case, I will file them as a supplement to this report with the office of the Presiding Judge as soon as possible.

Dated:

Respectfully submitted,

By: \_\_\_\_\_  
Dependency Court Attorney for Child