

Application submitted by: (Name and Address) Name: _____ Street Address: _____ City, State: _____ TELEPHONE NO: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO Street Address: 3341 Power Inn Road City and Zip Code: Sacramento, CA 95826 Branch Name: SITTING AS THE JUVENILE COURT	
Child's Name: _____	
COMPLAINT REGARDING PERFORMANCE OF COURT APPOINTED ATTORNEY	CASE NUMBER: _____

Name of applicant:	_____
Relationship to the child(ren):	_____
Attorney's Name:	_____

I am requesting the following: (must be typewritten or printed legibly)

Provide the specific reasons for my complaint: (if you are requesting new counsel, do not explain in writing; instead wait to provide the information in court)

Attach separate page if needed.

Dated: _____

Signature

Any complaint must be submitted on this form or at least have this form as a cover page to the application. The application must be filed at the Juvenile Dependency Reception Counter, William R. Ridgeway Family Relations Court, 3341 Power Inn Road, Sacramento, California.

Case Name: _____ Complaint regarding performance of Court appointed attorney