

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (<i>Name, State Bar number and address</i>): TELEPHONE NO.: E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road, MAILING ADDRESS: William R. Ridgeway Family Relations Courthouse CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: Sitting as the Juvenile Court	
CHILD(REN)'S NAMES:	CASE NUMBER(S):
STIPULATION AND REQUEST FOR ORDER FOLLOWING MEET AND CONFER	DEPARTMENT:

A. Request and Declaration of Attorney:

I _____, attorney for (*name*) _____, declare that I have met and conferred with all counsel listed in section B of this form regarding the following requests and request an order:

1. Counseling Referral for (*name*) _____, to complete (*counseling service or type*)
2. Medication Referral for (*name*) _____
3. Medical or Dental Referral for (*name*) _____, for (*specify service(s)*):
4. Visitation with:
 - Mother
 - Father
 - Sibling
 - Uncle (*name*):
 - Aunt (*name*):
 - Maternal grandmother/grandfather (*name*):
 - Paternal grandmother/grandfather (*name*):
 - Other (specify):

Visitation Orders (*specify*):

5. Home evaluation of the following relatives or NREFM for detention or placement:
 Name of Relative: _____ Relationship: _____

Case Name(s) :	Case Number(s):
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6. Referrals for the following reunifications services *(list)*:
- (a)
 - (b)
 - (c)
 - (d)

7. Discovery of *(specify)*

8. Other *(specify)*:

B. Response of Parties in the Case:

I have sent a copy of my request to the parties listed below, as applicable. Based on their responses, I have checked the correct boxes below to show whether the parties agree with my request; or I reviewed this request with them in person and they have indicated their response by checking the boxes and signing below:

Attorney for:	Name:	Agree	Or Obtained Attorney's Signature
Child(ren)		<input type="checkbox"/>	
County		<input type="checkbox"/>	
Parent		<input type="checkbox"/>	
Parent		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

C. Continuance of Hearing: Continuance is requested for the following good cause *(specify)*: _____ .
 All parties further agree to continue the *(hearing type)* _____ hearing, scheduled on *(date)* _____ to
 the following:

Date	Time	Department
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D. Signature of Attorney

I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge.

Date	Type Name	Signature of Moving Party
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