PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NO:		FOR COURT USE ONLY **CONFIDENTIAL**
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (*name*):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARTY:			
CONFIDENTIAL RESPONSE TO REQUEST FOR SPECIAL IMMIGRANT JUVENILE FINDINGS			CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	

1. SPECIAL IMMIGRANT JUVENILE FINDINGS
   a. ☐ I agree to the findings requested.
   b. ☐ I do not agree to the findings requested.
   c. ☐ I would agree to the following findings:

2. ☐ SUPPORTING INFORMATION
   ☐ Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

Form Adopted for Mandatory Use
Judicial Council of California
FL-358 [New July 1, 2016]

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