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| TELEPHONE NO.: FAX NO.:   |  |
| ATTORNEY FOR (Name):  | _  |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF   |  |
| STREET ADDRESS:   |  |
| MAILING ADDRESS:  |  |
| CITY AND ZIP CODE:  |  |
| BRANCH NAME:  | _  |
| CHILD'S NAME:   |  |
| WAIVER OF REUNIFICATION SERVICES<br>(Juvenile Dependency)   | CASE NUMBER:   |
| To parent or guardian of child: Read this form carefully. The judge will ask you if you   | understand your rights and are voluntarily   |
| giving up those rights.   |  |
| I. I am the mother legally presumed father of the child, and I und  | lerstand that if my child is removed from my   |
| custody that I have a right to receive services to help me reunify with my child.   |  |
| 2. I am an alleged biological father of the child, and I understand that if I have been of  | or am judged to be the biological father of the  |
| child, the court may order service to help me obtain custody of the child.  |  |
| B. I am the legal guardian.   |  |
| For items 4 through 9, initial each box that applies unless you have a question.  | Initial  |
| 4. The types of services that may be available have been explained to me.   |  |
| 5. I do not wish to receive services of any kind.   |  |
| 5. I do not wish to reunify with the child or have the child placed in my custody.  |  |
| 7. I understand that if no services are ordered, the court may  |  |
| a. order services to the other parent.  |  |
|   |  |
| b. set the matter for a hearing to decide on the best permanent plan for the child.   |  |
| 3. I understand that if I sign this form and the court is satisfied that I understand my rights   |  |
| giving them up, at the hearing to select a permanent plan for the child, the court may te have the child placed for adoption.   | minale parental rights and   |
|   |  |
|   |  |
| . I have discussed my rights with my attorney, and I knowingly and intelligently waive the  | se services.   |
| . I have discussed my rights with my attorney, and I knowingly and intelligently waive the  | se services.   |
| 9. I have discussed my rights with my attorney, and I knowingly and intelligently waive the   | se services.   |
| and I knowingly and intelligently waive the Date:   | IGNATURE OF PARENT OR GUARDIAN)  |
| Description: A second state of the second s   |  |
| Date:<br>(TYPE OR PRINT NAME)<br>(S<br>Declaration of Interpreter   | IGNATURE OF PARENT OR GUARDIAN)  |
| b. I have discussed my rights with my attorney, and I knowingly and intelligently waive the Date: (TYPE OR PRINT NAME) (S  CTYPE OR PRINT NAME) ( | IGNATURE OF PARENT OR GUARDIAN)  |
| Declaration of Interpreter     O. The parent or guardian is unable to read or understand this form of waiver because his     Other (specify):   | IGNATURE OF PARENT OR GUARDIAN)<br>or her primary language is  |
| Declaration of Interpreter     Spanish  | IGNATURE OF PARENT OR GUARDIAN)<br>or her primary language is<br>o the best of my ability, read or translated this   |
| O. The parent or guardian is unable to read or understand this form of waiver because his     Other (specify):     O. The parent or guardian is unable to read or understand this form of waiver because his     O. The parent or guardian is unable to read or understand this form of waiver because his     O. The parent or guardian is unable to read or understand this form of waiver because his     O. The parent or guardian is unable to read or understand this form of waiver because his     O. The parent or guardian is unable to read or understand this form of waiver because his     O. The parent or guardian. The parent or guardian said he or she understand the pare     | IGNATURE OF PARENT OR GUARDIAN)<br>or her primary language is<br>o the best of my ability, read or translated this   |
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| Declaration of Interpreter </td <td>IGNATURE OF PARENT OR GUARDIAN)<br/>or her primary language is<br/>the best of my ability, read or translated this<br/>bod the form before signing it.</td>   | IGNATURE OF PARENT OR GUARDIAN)<br>or her primary language is<br>the best of my ability, read or translated this<br>bod the form before signing it.  |
| O. The parent or guardian is unable to read or understand this form of waiver because his   | IGNATURE OF PARENT OR GUARDIAN)<br>or her primary language is<br>o the best of my ability, read or translated this   |
| A. I have discussed my rights with my attorney, and I knowingly and intelligently waive the Date: (TYPE OR PRINT NAME) (S) Declaration of Interpreter 10. The parent or guardian is unable to read or understand this form of waiver because his Spanish interpreter other (specify): 11. I declare under penalty of perjury under the laws of the State of California that I have, to form of waiver to the parent or guardian. The parent or guardian said he or she understand the construction.   | IGNATURE OF PARENT OR GUARDIAN)<br>or her primary language is<br>o the best of my ability, read or translated this<br>bod the form before signing it.  |
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