

Clerk stamps date here when form is filed.

As the relative of a child who has been removed from the home, you may give written information to the court about the child at any time on this form or in a letter. After filling out this form, give it to the clerk of the court.

Please note that other people involved in the case, including the parents, will see your answers on this form. If you prefer to keep your contact information private, fill out the *Confidential Information* (form JV-287) and do not write your address or telephone number below.

1 Your name: \_\_\_\_\_  
Your address: \_\_\_\_\_  
\_\_\_\_\_  
Your telephone number: \_\_\_\_\_

☐ Check here if contact information is confidential and form JV-287 is attached.

2 Your relation to the child: ☐ maternal ☐ paternal  
☐ grandparent ☐ brother/sister ☐ aunt/uncle ☐ cousin  
☐ family friend  
☐ tribal extended family member  
☐ other (specify): \_\_\_\_\_

3 Child's name: \_\_\_\_\_

4 ☐ I would like to talk to the judge at the next court hearing.

Social worker fills in court name and street address:

**Superior Court of California, County of**

Social worker fills in child's name and date of birth:

**Child's Name:**

**Date of Birth:**

Social worker fills in case number:

**Case Number:**

Please fill in as much of the following information as you know. If you need more space to respond to any section on this form, attach additional pages as needed and check the box at item 12.

5 Information about the child's medical, dental, and general physical health:

\_\_\_\_\_  
\_\_\_\_\_

6 Information about the child's emotional and behavioral health:

\_\_\_\_\_  
\_\_\_\_\_

7 Information about the child's education:

\_\_\_\_\_  
\_\_\_\_\_

8 Other information that might be helpful to the court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Child's name: \_\_\_\_\_

*Below are some things you might do to help the child. You can pick some or none of the things listed below. It is up to the social worker and the court whether you will be asked to do these things.*

**9** I want to

- |   |  |
|---|--|
| <input type="checkbox"/> telephone the child.                                   | <input type="checkbox"/> take the child to visits with parents.                      |
| <input type="checkbox"/> write letters to the child.                            | <input type="checkbox"/> take the child to medical appointments                      |
| <input type="checkbox"/> take the child on outings.                             | <input type="checkbox"/> supervise the child during visits with brothers or sisters. |
| <input type="checkbox"/> take the child to/from school.                         | <input type="checkbox"/> watch the child after school.                               |
| <input type="checkbox"/> take the child to visits with brothers or sisters.     | <input type="checkbox"/> have the child live with me.                                |
| <input type="checkbox"/> take the child to therapy.                             | <input type="checkbox"/> other (describe): _____                                     |
| <input type="checkbox"/> take the child to family gatherings.                   | _____  |
| <input type="checkbox"/> help the social worker make a case plan for the child. | _____  |


*You can also help the parents. For example, you might help with transportation, housing, visits, or child care. It is up to the social worker and the court whether you will be asked to do these things.*

**10** I want to help the ☐ father ☐ mother  
(Describe): \_\_\_\_\_  
\_\_\_\_\_**11** Other relatives who might be able to help the child:

- a. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Contact information: \_\_\_\_\_  
or ☐ I want to keep the contact information confidential and ask that the child's social worker get this information from me.
- b. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Contact information: \_\_\_\_\_  
or ☐ I want to keep the contact information confidential and ask that the child's social worker get this information from me.
- c. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Contact information: \_\_\_\_\_  
or ☐ I want to keep the contact information confidential and ask that the child's social worker get this information from me.

**12** ☐ If you need more space to respond to any section on this form, please check this box and attach additional pages.  
Number of pages attached: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name \_\_\_\_\_  
Sign your name