# JV-466 Request to Return to Juvenile Court Jurisdiction and Foster Care

This form can be used if the court kept its jurisdiction (authority) over you just in case you wanted to return to the court's jurisdiction and a foster care placement. If you don't want other people, for example, a parent or brother or sister who was part of your case when you were a child, to know your contact information, do not write it in 1. Write that information on *Confidential Information—Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-468). Read *How to Ask to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-464-INFO) for information about filling out and filing the forms. If you do not know the information asked for, leave the space blank. Remember to get and keep copies of all court papers and other papers you sign or receive from the child welfare services agency or the probation department.

*Clerk stamps date here when form is filed.*

**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in your name:*

**Name:**

*Fill in case number, if known:*

**Case Number:**

1 Your information:

a. Your address: _____

_____

b. Your city, state, zip code: _____

c. Your area code and telephone number: _____

d. Your date of birth: _____

2 The location of the juvenile court that had authority over you when you turned 18 years old.

a. City: _____

b. County: _____

3 The name and court file number or case number of your case in juvenile court:

a. Name of your case: _____

b. Court file number or case number: _____

4 The date the juvenile court terminated its jurisdiction (authority) over you: _____

5 I need help to keep or find an appropriate place to live.

☐ I need a placement right now.

6 Voluntary Reentry Agreement with child welfare services or the probation department to return to foster care:

☐ I agree to sign a voluntary reentry agreement for a supervised placement

☐ I signed a voluntary reentry agreement for a supervised placement on *(date):* _____ with

☐ Child welfare services

☐ Probation department

Case Number:

Your name:_____

**7** You must plan to meet at least one of the five conditions listed below.
Please check all that apply to you:

a. ☐ I plan to attend a high school or a high school equivalency certificate (GED) program.

b. ☐ I plan to attend a college, a community college, or a vocational education program.

c. ☐ I plan to attend a program or take part in activities that will help train me to be employed or will help me solve problems that prevented me from finding a job.

d. ☐ I plan to work at least 80 hours per month.

e. ☐ I cannot go to a high school, a high school equivalency certificate (GED) program, a college, a community college, a vocational education program, take part in a program or activities to help me find a job, or work 80 hours per month because of a medical condition.

**8** The judge will set a hearing about this request if the judge decides that he or she has enough information to think that you have probably satisfied all the requirements.

Do you want your parents or former legal guardian to be told about the hearing if the judge sets one?

☐ NO. I do not want my parents or former legal guardian to be told about the hearing.

☐ YES. I do want my parents or formal legal guardian to be told about the hearing. Their names and addresses are:

Parent's name and address: _____

_____

Parent's name and address: _____

_____

Former legal guardian's name and address: _____

_____

**9** The judge will give you a free lawyer to help before and during the hearing. If you want the lawyer who represented you when you were a dependent, ward, or nonminor dependent, please write the lawyer's name and telephone number on the line below, and if that lawyer is available, the court will appoint him or her to help you before and during the hearing.

Name and telephone number of the lawyer who used to represent me and who I want to represent me again:

_____

_____

**10** Did you have a Court Appointed Special Advocate (CASA)?

☐ NO. I did not have a CASA.

☐ YES. I did have a CASA.

Would you like the CASA to told about the hearing if the judge schedules a hearing?

☐ NO. I do not want the CASA to told about the hearing.

☐ YES. I want the CASA to told about the hearing. The name of the person who was my CASA is:

_____

Case Number:

Your name: _____

**11** Did the Indian Child Welfare Act apply to you when you were under juvenile court jurisdiction as a child?

a. ☐ NO. The Indian Child Welfare Act did not apply to me.

☐ YES. The Indian Child Welfare Act did apply to me.
Would you like to have the Indian Child Welfare Act apply to you as a nonminor dependent?

☐ NO. I do not want the Indian Child Welfare Act to apply to me.

☐ YES. I do want the Indian Child Welfare Act to apply to me. The name of my tribe and the name, address, and telephone number of my tribal representative is: _____

_____

b. ☐ I DO NOT KNOW if the Indian Child Welfare Act applied to me.

1. ☐ I am or may be a member of, or eligible for membership in, a federally recognized Indian tribe.
Name of tribe(s) *(name each):*
Name of band *(if applicable):*

2. ☐ I may have Indian ancestry
Name of tribe(s) *(name each):*
Name of band *(if applicable):*

3. ☐ I have no Indian ancestry as far as I know.

**12** Your verification:

I declare under penalty of perjury under the laws of the State of California that the information in this form, all attachments, and in the *Confidential Information—Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-468), if filed, is true and correct to my knowledge. I understand that this means I am guilty of a crime if I lie on this form, any of the attachments, or the form JV-468, if filed.

Date: _____

_____
*Type or print your name*

▶ _____
*Sign your name*

**13** Verification by nonminor's representative:

The nonminor is unable to provide verification due to a medical condition. I declare under penalty of perjury under the laws of the State of California that the information in this form, all attachments, and in the *Confidential Information—Request to Return to Juvenile Court Jurisdiction and Foster Care* (form JV-468), if filed, is true and correct to my knowledge. I understand that this means I am guilty of a crime if I lie on this form, any of the attachments, or the form JV-468, if filed.

Date: _____

_____
*Type or print representative's name*

▶ _____
*Signature of reprsentative*



For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form | Print This Form | Clear This Form