ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number if attorney, and mailing address)*:	***FOR COURT USE ONLY***
TELEPHONE NO. *(Optional)*: FAX NO. *(Optional)*: E–MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
APPLICATION TO COMMENCE PROCEEDINGS BY AFFIDAVIT AND DECISION BY SOCIAL WORKER (Welf. & Inst. Code, § 329)	CASE NUMBER:

To the social worker or social services agency of *(specify county)*: County:

1. Applicant's name and address:
2. Applicant's relationship to child *(specify)*:
3. Applicant on information and belief alleges that the child is at risk of abuse or neglect and should come within the jurisdiction of the court *(supply all information known)*:
   a. Child's name:
   b. Age:
   c. Date of birth:
   d. Sex:
   e. Mother's name:
   f. Mother's address:
   g. Father's name:
   h. Father's address:
   i. Other *(state name, address, and relationship to child)*:
4. The child described in item 3 above
   a. ☐ resides within this county.
   b. ☐ was in this county at the time of the facts alleged below.
5. Facts in support *(State supporting facts concisely; include all known and relevant dates, times, names, and addresses. Attach separate pages as necessary.)*:

   ☐ See attachment 5.
6. Applicant requests that the social worker or agency immediately commence proceedings in the juvenile court on behalf of this child.

Date:

▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

DECISION OF SOCIAL WORKER OR SOCIAL SERVICES AGENCY

7. After consideration of the application above, the SOCIAL WORKER HAS DECIDED
   a. ☐ to commence proceedings in juvenile court on these allegations.
   b. ☐ not to commence proceedings in juvenile court on these allegations because *(specify)*:

   ☐ See attachment 7. Number of pages attached ___.
8. I declare I am a social worker of the county in which this application was submitted, and duly authorized to make this decision.

Date:

▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF SOCIAL WORKER)

ADDRESS AND TELEPHONE NUMBER: