ATTORNEY OR PARTY WITHOUT ATTORNEY	FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS: ATTORNEY FOR (Name):		
	IA, COUNTY OF SAN BERNARDINO	
STREET ADDRESS:		
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME:		
IN THE MATTER OF THE PETITIO	N OF:	
DETITION FOR DECLARI	NG CHILD(REN) FREE FROM PARE	CASE NUMBER:
	ODY AND CONTROL	INTAL
6031	DDI AND CONTROL	
1. The petitioner(s)		respectfully represent(s) and allege(s) that the
		and that said person(s) is/are within the county of
San Bernardino:		
Name:	Date of Birth:	City/State of Birth
Traine.		city/ state of Birth
Name:	Date of Birth	City/State of Birth
2. Detition or/s) request a judgm	ant declaring the shild(ren) free free	m the custody and control of
2. Petitioner(s) request a judgin	ent declaring the child(ren) free fror	if the custody and control of:
		pursuant to Family Code §:
☐7822 Abandonment		
☐The child has been le	eft without provision for the child's i	dentification by the child's parent(s)
	-ft hth	the case and costed a few as secure the secure of the secu
	, , , , ,	the care and custody of a non-parent for a period of
	· · · · · · · · · · · · · · · · · · ·	without communication from the parent(s), with the
intent on the part of the	e parent(s) to abandon the child	
☐ The parent named a	bove has left the child in the care an	nd custody of the other parent for a period of one
·		ut communication from the parent, with the intent
on the part of the parer	• • • • • • • • • • • • • • • • • • • •	at communication from the parent, with the intent
$\square$ 7825 The parent(s) named a	bove are convicted of a felony, the f	facts of which are of such a nature so as to prove the
unfitness of the parent(s) to have	ve the future custody and control of	the child
□ <b></b>		
,	•	of competent jurisdiction, wherever situated, to be
developmentally disabled or me	entally ill	
☐7827 The parent(s) named a	bove are mentally disabled and are	likely to remain so in the foreseeable future

Case Short Title:				Case Number:
3. The names and addresse	s of parent(s), guardian	and relative are:		
Father:				
Mother:				
Guardian:				
Relative(s):				
Additional facts in support of alle	gations: (Give additional	facts in detail, added p	ages may be used	for this purpose)
☐ It is in the best interest of the parent(s).  Wherefore, petitioner(s) request from the custody and control of to other and further relief as the co	(s) that this court inquing the above-named parer	re into such matter, a	nd that said chil	d(ren) be declared free
Date:		Print Name:		
Date				
		Signature:		
Date:		Print Name:		
		Signature:		
		RIFICATION		
I am the petitioner(s) in the above and that the same is true of my country and belief, and as to those matter	own knowledge except a	as to those matters w		
I declare under penalty of perjury	y that the foregoing is t	rue and correct.		
Executed on	at			, California
Signature of Petitioner		Signa	ature of Petition	er
Signature of Attorney for Petition	 ner			