ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ Juvenile Division 1 Second Street, Room 300 Watsonville, CA 95076	
IN THE MATTER OF:	
ORDER OF APPOINTMENT OF ATTORNEY PURSUANT TO WELFARE AND INSTITUTIONS CODE §317	CASE NUMBER:

Pursuant to Welfare and Institutions Code §317, _____
is appointed to represent the above-named minor or non-minor dependent.

IT IS ORDERED THAT:

The child's attorney and their authorized support staff shall have access to social services, psychiatric, psychological, drug and alcohol, medical, law enforcement, school and other records relevant to the case, and opportunity for interviewing the child, child welfare caseworkers, foster parents and other caretakers, school personnel, health professionals, law enforcement, and other persons with relevant information regarding the above-named child.

☐ Any notices required to be given to the above-referenced child are hereby waived by the above-named court-appointed attorney, and served upon the attorney for the child instead, pursuant to the Welfare and Institutions Code §291, subdivision (f).

A copy of this order will be the only authorization necessary for such purpose. This appointment shall remain in full force and effect until further order of the Court.

Date: _____

_____
Judge of the Superior Court

I accept this appointment to represent the minor or non-minor dependent, pursuant to Welfare and Institutions Code §317. In addition, I authorize the release of information regarding the above-named minor for the sole purpose of participation in the Child and Family Team process pursuant to Welfare and Institutions Code §16501.

Date: _____

_____
Attorney for minor or non-minor dependent