

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

Susie Social Worker  
Cow County Dept of Social Services  
100 Main Street  
Cowtown, CA 95000

TELEPHONE NO.: 123-456-7890

FAX NO. (Optional)

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Cow

STREET ADDRESS: 50 Main Street

MAILING ADDRESS:

CITY AND ZIP CODE: Cowtown, CA 95000

BRANCH NAME: Juvenile

CHILD'S NAME:

Timmy Smith

**JUVENILE DEPENDENCY PETITION (VERSION ONE)**  
(Welf. & Inst. Code, § 300 et seq.)

☒ § 300—Original ☐ § 342—Subsequent ☐ § 387—Supplemental

CASE NUMBER:

JV11100

RELATED CASES (if any):

1. Petitioner on information and belief alleges the following:

a. The child named below comes within the jurisdiction of the juvenile court under the following subdivisions of section 300 of the Welfare and Institutions Code (check applicable boxes; see attachment 1a for concise statements of facts):

☐ (a) ☒ (b) ☐ (c) ☐ (d) ☐ (e) ☐ (f) ☒ (g) ☐ (h) ☐ (i) ☒ (j)

b. Child's name:

Timmy Smith

c. Age:

7

d. Date of birth:

1/1/2005

e. Sex:

M

f. Name: Sandra Smith

Address:

32 Trailer Park Rd  
Cowtown, CA 95000

☒ mother  
☐ father  
☐ guardian  
☐ unknown

If mother or father (check all that apply):

☒ legal ☐ biological ☐ presumed ☐ alleged

g. Name: Joc Blow

Address:

whereabouts unknown

☐ mother  
☒ father  
☐ guardian  
☐ unknown

If mother or father (check all that apply):

☐ legal ☐ biological ☐ presumed ☒ alleged

h. Name:

Address:

☐ mother  
☐ father  
☐ guardian  
☐ unknown

If mother or father (check all that apply):

☐ legal ☐ biological ☐ presumed ☐ alleged

j. Prior to intervention, child resided with

☒ parent (name): Sandra Smith  
☐ parent (name):  
☐ guardian (name):  
☐ Indian custodian (name):  
☐ other (state name, address, and relationship to child):

i. Other (state name, address, and relationship to child):

☐ No known parent or guardian resides within this state. This adult relative lives in this county or is closest to this court.

k. Child is

☐ not detained ☒ detained

Date and time of detention: 9/14/12

Current place of detention (address):

Cow County Children's Shelter  
500 Main Street

Cowtown, CA 95000

☐ Relative ☒ Shelter/foster care ☐ Other

2. I have asked about Indian ancestry for this child and have completed and attached the required *Indian Child Inquiry Attachment*, form ICWA-010(A). (If this is a subsequent filing and there is no new information, the ICWA-010(A) is not required.)

(See important notice on page 2.)

CHILD'S NAME: Timmy Smith	CASE NUMBER: JV11100
------------------------------	-------------------------

3. Petitioner requests that the court find these allegations to be true.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: 9/17/12

Susie Social Worker

(TYPE OR PRINT NAME)

▶ Sally S. Workman  
(SIGNATURE OF PETITIONER)

Address and telephone number (if different person signing than listed in caption above):

☒ Number of pages attached: 4 ☐ Other children are listed on *Additional Children Attachment* (form JV-101(A))

## — NOTICE —

### TO PARENT

Your parental rights may be permanently terminated. To protect your rights, you must appear in court and answer this petition.

### TO PARENTS OR OTHERS LEGALLY RESPONSIBLE FOR THE SUPPORT OF THE CHILD

You and the estate of your child may be jointly and severally liable for the cost of the care, support, and maintenance of your child in any placement or detention facility, the cost of legal services for you or your child by a public defender or other attorney, and the cost of supervision of your child by order of the juvenile court.

CHILD'S NAME: Timmy Smith	CASE NUMBER: JV11100
---------------------------	-------------------------

**FAILURE TO PROTECT  
§ 300(b)**

The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness,

- ☒ as a result of the failure or inability of his or her parent or legal guardian to supervise or protect the child adequately.
- ☐ as a result of the willful or negligent failure of the child's parent or legal guardian to supervise or protect the child adequately from the conduct of the custodian with whom the child has been left.
- ☒ by the willful or negligent failure of the parent or legal guardian to provide the child with adequate food, clothing, shelter, or medical treatment.
- ☒ by the inability of the parent or legal guardian to provide regular care for the child due to the parent's or legal guardian's mental illness, developmental disability, or substance abuse.

(State supporting facts concisely and number them b-1, b-2, b-3, etc.):

b-1. The mother has a substance abuse problem and/or a mental health problem that requires assessment and treatment.

b-2. On September 13, 2012, the child's head was observed to be infested with lice.

b-3. The child fails to attend school on a regular basis. During the 2011-2012 school year, the child missed 36 days of school.

b-4. The alleged father has failed to provide for the child.

b-5. On September 13, 2012, the child suffered numerous broken bones as a result of being injured in a hit and run accident while walking home from school.

CHILD'S NAME: Timmy Smith	CASE NUMBER: JV11100
---------------------------	-------------------------

**NO PROVISION FOR SUPPORT**  
§ 300(g)

The child has been left without any provision for support; or the child's parent has been incarcerated or institutionalized and cannot arrange for the care of the child; or a relative or other adult custodian with whom the child resides or has been left is unwilling or unable to provide care or support for the child, the whereabouts of the parent is unknown, and reasonable efforts to locate the parent have been unsuccessful.

*(State supporting facts concisely and number them g-1, g-2, g-3, etc.):*

g-1. The whereabouts of the alleged father and his willingness or ability to provide support for the child are unknown.

CHILD'S NAME: Timmy Smith	CASE NUMBER: JV11100
---------------------------	-------------------------

**ABUSE OF SIBLING**  
**§ 300(j)**

The child's sibling has been abused or neglected, as defined in subdivision (a), (b), (d), (e), or (i), and there is a substantial risk that the child will be abused or neglected, as defined in those subdivisions.

*(State supporting facts concisely and number them j-1, j-2, j-3, etc.):*

j-1: The child's half-sibling, Jimmy Blow, was found by the juvenile court to be suffering emotional damage and removed from the custody of the alleged father on or about April 30, 2005. The alleged father failed to reunify with the sibling and he was subsequently adopted on or about June 1, 2007.

CHILD'S NAME: Timmy Smith	CASE NUMBER: JV11100
------------------------------	-------------------------

## 1. Name of child: Timmy Smith

Indian child inquiry ☒ made ☐ not made and (check all that apply):

- a.
- ☐
- The child is or may be a member of or eligible for membership in a tribe.

Name of tribe(s): \_\_\_\_\_

Name of band (if applicable): \_\_\_\_\_

- b.
- ☐
- The child's parents, grandparents, or great-grandparents are or were members of a tribe.

Name of tribe(s): \_\_\_\_\_

Name of band (if applicable): \_\_\_\_\_

- c.
- ☐
- The residence or domicile of the child, child's parents, or Indian custodian is in a predominantly Indian community.

- d.
- ☐
- The child or the child's family has received services or benefits from a tribe or services that are available to Indians from tribes or the federal government, such as the Indian Health Service or Tribal Temporary Assistance to Needy Families (TANF).

- e.
- ☒
- The child may have Indian ancestry.

- f.
- ☐
- The child has no known Indian ancestry.

- g.
- ☐
- Other reason to know the child may be an Indian child: \_\_\_\_\_

Person(s) questioned:

Name: Sandra Smith

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date questioned: 9/14/12Means of communication: in personRelationship to child: Mother

Summary of information: \_\_\_\_\_

Mother stated that her grandmother told her  
that her great-grandmother was an Indian  
princess.

Person(s) questioned:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Means of communication: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Summary of information: \_\_\_\_\_

- h.
- ☐
- Information about other persons questioned is attached.

## 2. If this is a delinquency proceeding under Welfare and Institutions Code, § 601 or 602:

- ☐
- The child is in foster care.

- ☐
- It is probable the child will be entering foster care.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 9/17/12

Susie Social Worker

(TYPE OR PRINT NAME)

(SIGNATURE)