

Change of Venue
Worksheet to Identify Next Hearing in Receiving County
(County sending the case and requesting information fills out page 1 of this form)

Today's Date _____ Need information by _____ For Judge _____

Requesting County _____ When will the transfer occur? _____

Requestor Name _____ Requestor Email _____

Child's Name _____ Child's Address _____

Child's Attorney _____ Phone _____

Gender _____ Date of Birth _____ JD# _____ Removal Date _____

Mother Name/Dob _____

Mother Phone _____ Mother Email _____

Mother Address _____

Father(s) Name/Dob _____

Father(s) Phone _____ Father(s) Email _____

Father(s) Address _____

Next Hearing Type Needed _____

(Adjudication, Review, Permanency, etc)

Notes: _____

Check here if providing information of **Additional Children/Fathers**

Is this an ICWA case? _____ ICWA Contact/phone _____

(County receiving the case fills out page 2 of this form)

Hearing Date _____ Time _____ Judge/Division _____

Court Address _____

Child Attorney _____ Phone _____

Mother Attorney _____ Phone _____

Father Attorney _____ Phone _____

Contact for Receiving County _____

Today's Date _____ Phone _____ Email _____

Notes: _____

Additional Children/Fathers

Child 2 Name_____ D/O/B_____ Gender_____

Child 2 Address_____

Father 2 Name_____ Phone_____

Email_____ Address_____

Father 2 Attorney_____ Phone_____

Child 3 Name_____ D/O/B_____ Gender_____

Child 3 Address_____

Father 3 Name_____ Phone_____

Email_____ Address_____

Father 3 Attorney_____ Phone_____

Child 4 Name_____ D/O/B_____ Gender_____

Child 4 Address_____

Father 4 Name_____ Phone_____

Email_____ Address_____

Father 4 Attorney_____ Phone_____

Child 5 Name_____ D/O/B_____ Gender_____

Child 5 Address_____

Father 5 Name_____ Phone_____

Email_____ Address_____

Father 5 Attorney_____ Phone_____