

# FREEDOM FROM PARENTAL CUSTODY AND CONTROL CASE

(Fam. Code, § 7800 et seq.)

## NOTICE OF APPEAL

**Forms:** The attached forms are for use in an appeal in the Court of Appeal, Fourth Appellate District, from a judgment or order granting or denying a non-dependency termination of parental rights (freedom from parental custody and control) under the Family Code, starting at section 7800. In some such cases an indigent party may have a right to court-appointed counsel. The forms include:

- [Notice of Appeal](#). The notice of appeal should be filled out completely and must be signed by either you or your trial counsel. (If counsel signs it, the box indicating the client has authorized the appeal must be checked.)
- [Motion for Appointment of Counsel on Appeal](#). If you cannot afford to retain an attorney on appeal, the motion for appointment of counsel at the bottom of the notice of appeal should be filled out and signed by you (preferably) or trial counsel. If you have no income and are not in custody, you must explain how living expenses are met.
- [Instructions for Filling Out Notice of Appeal](#).
- [Background Information](#). This information helps to ensure that your appeal is processed correctly and that you are properly represented on appeal. Please file with page 1. It is not confidential.
- [Change of Address](#). Detach and keep the change of address form for use as needed. It is critical you keep the Court of Appeal, Appellate Defenders, Inc., and your appellate attorney informed of your current address at all times.

**When:** A notice of appeal must be filed within **60 days** from the date of the judgment or order being appealed.

**What:** Family Code sections 7894 and 7895 and Code of Civil Procedure section 45 govern appeals from a judgment or order granting or denying a petition to declare a child free from parental custody and control.

**Where:** A notice of appeal must be filed with the appeals section of the superior court where the decision being appealed was made. The main courthouses handling these cases in each county of the Fourth Appellate District are listed on Appellate Defenders Inc. website [here](#) and e-filing information is listed [here](#). If you do not have access to the website, or are unsure if you have the correct address, please check with your trial attorney or a court clerk for the filing location. You can also call the on-duty attorney at Appellate Defenders, Inc. (619) 696-0282 to confirm the address.

**For assistance:** Contact Appellate Defenders, Inc., a firm of appellate attorneys that manages the entire system of court-appointed counsel in the Fourth Appellate District Court of Appeal: 555 West Beech Street, Suite 300, San Diego, CA, 92101. Telephone: (619) 696-0282. Website with e-mail contacts, forms, ADI California Criminal Appellate Practice Manual, and multiple other resources: <http://www.adi-sandiego.com>



## INSTRUCTIONS FOR FILLING OUT NOTICE OF APPEAL

Please follow these instructions carefully. If you have any questions, ask your trial attorney or Appellate Defenders, Inc., for help.

A notice of appeal must be filed within **60 days** of the decision being appealed. It is filed with the **county superior court** where the decision was made.

The notice of appeal form is designed to be completed easily by checking boxes or filling in the blanks with your case information. Wherever you see a line like this, \_\_\_\_\_, fill the blank in with the appropriate information. The numbers below refer to the numbers on the notice of appeal form:

- (1) **Name and other information:** Print your name. Give your address at the time you file the notice of appeal. (Use the change of address form for later changes.) Provide phone number if applicable and date of birth.
- (2) **County:** Show the county where the dispositional order (or order after disposition) in your case was made.
- (3) **Child or children involved:** Print the name and date of birth of the child involved in the appeal. If there are more than one, check the box and list the names and dates of birth of the others.
- (4) **Superior court number:** Show the case number(s) on the notice of appeal form. Ask your attorney if you do not know your superior court number(s). If you were involved in more than one case at the same time, include all of the case numbers you want to appeal.
- (5) **Appellant's relationship to child:** Check the appropriate box showing whether you are the mother or father of the child or children involved. If you have a different relationship, describe.
- (6) **Type of order being appealed:** *One of these boxes must be checked.*  
  
Indicate whether the trial court *granted* or *denied* the petition for freedom from parental custody and control, or describe other order being appealed.
- (7) **Date:** Enter in this blank the date on which the court made the decision you are appealing. If you are not sure, check with your attorney or write, "On or about" and the closest date that you can recall.
- (8) **Signature:** Your signature or your attorney's signature is required. If the attorney is signing, the box indicating that the appeal is authorized by the client *must* be checked.
- (9) **Motion for appointment of counsel:** You may be entitled to court-appointed counsel on appeal if you do not have the funds to retain an attorney. (See Family Code, § 7895, subd. (b); see also *In re J. W.* (2002) 29 Cal.4th 200; cf. *In re Bryce C.* (1995) 12 Cal.4th 226.) Fill out the form at the bottom of the notice of appeal.

### REMEMBER:

- The notice of appeal must be filed with the superior court no later than **60 days** from the date of the decision being appealed. If possible, keep some proof of mailing or filing.
- Send the notice of appeal to the **superior court** of the county where your case took place.
- Be sure to complete and file **all sections** of the [notice of appeal](#), [motion for appointment of counsel](#), and [background information form](#).
- Detach and keep the [change of address](#) form for use as needed. It is critical to keep the Court of Appeal, Appellate Defenders, Inc., and your appellate attorney informed of your current address at all times.

## BACKGROUND INFORMATION

To be filed along with [Notice of Appeal](#) (page 1)

THE INFORMATION ON THIS FORM WILL BE A PART OF THE PUBLIC RECORD AND IS **NOT** CONFIDENTIAL.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Superior court no.: \_\_\_\_\_

Current address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If applicable: Phone: \_\_\_\_\_ A.K.A.: \_\_\_\_\_

Mother  Father  Minor  Other (explain): \_\_\_\_\_

**\* IMPORTANT: YOU MUST TELL APPELLATE DEFENDERS, INC., THE COURT OF APPEAL, OR YOUR APPELLATE ATTORNEY WHENEVER YOUR ADDRESS CHANGES. IF YOU FAIL TO DO THIS, YOUR CASE MAY BE DELAYED OR LOST. [CHANGE OF ADDRESS FORMS](#) ARE ATTACHED.**

Family member or friend who will always know your address:

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Trial attorney:

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proceeding appealed from:

Order granting termination of parental rights  Order denying termination of parental rights  Other (describe)

Other information about proceedings: \_\_\_\_\_

Did you need an interpreter in court?  Yes  No. If yes, in what language? \_\_\_\_\_

Do you have now, or have you ever had, any related appeals, writs, or other proceedings before this or any other California appellate court?  Yes  No. If yes, give case title, number, and dates, and describe proceedings:

\_\_\_\_\_  
\_\_\_\_\_

Names of other parties and their counsel:

\_\_\_\_\_  
\_\_\_\_\_

Possible issues on appeal (These are only suggestions. The attorney on appeal will make the final decision on which issues to raise.):

\_\_\_\_\_  
\_\_\_\_\_

Arrangements for counsel on appeal: Have you *hired* an attorney for your appeal?  Yes  No. If yes:

Name: \_\_\_\_\_ Address and phone: \_\_\_\_\_

**If you cannot afford to hire an attorney, you may have the right to have the court appoint one for you. Please fill out and sign the [request for counsel](#) on the bottom of the notice of appeal (page 1).**

# NOTIFICATION OF CHANGE OF ADDRESS

– DETACH FROM NOTICE OF APPEAL AND KEEP FOR USE AS NEEDED –

Once a notice of appeal is filed, it is important that the Court of Appeal, your appellate attorney, and Appellate Defenders, Inc., know your current address at all times while the appeal is pending. It is your responsibility to provide your correct address. If you fail to do that, your appeal may be delayed or dismissed.

You do not have to use the forms below, but they may make it easier to provide the information.

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## CHANGE OF ADDRESS

Appeal Number (if known): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mail to: Appellate Defenders, Inc.  
555 West Beech Street, Suite 300  
San Diego, CA 92101-2939

*Be sure to notify your attorney, too, if an attorney has been appointed to your case.*

(DETACH HERE)

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## CHANGE OF ADDRESS

Appeal Number (if known): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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*Be sure to notify your attorney, too, if an attorney has been appointed to your case.*