NOTICE OF FORM CHANGE NO. 08-063	DATE
No hoe of Form offance no. 00 000	6/05/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Management Unit (916) 657-1907
Listed below is information regarding a form change. Only ap	plicable information is shown.
This notice updates your California Department of Social Ser	rvices (CDSS) County Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 832 (5/08) Notice of Chil	d Abuse Central Index Listing
MASTER ONLY ⊠ Free □ Sold	MATED PRICE INITIAL SUPPLY SENT ☐ Yes ☑ No
□ New □ Revised 5/08 Repla	
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With	th Prior DSS Approval Recommended Form
Department of Social Services Warehouse P.O. Box 980788	OTHER: INTERNET: INTRANET:
FORMS DISPOSITION AN	ND SPECIAL INSTRUCTIONS
DISPOSITION OF OLD SUPPLY Use until exhausted] Destroy
USE NEW FORM ☐ When supply available in DSS Warehouse	Use new form effective immediately
USE FORM IN ACCORDANCE WITH All County Letter No.	
Other (specify) This form was designed for court of	ase: Gomez vs. Saenz
ADDITIONAL INFORMATION REGARDING FORM CHANGE	
http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/S	OC832.pdf

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.