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IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF
JUVENILE DIVISION

IN THE PLACEMENT OF:

Minor Child.

(DOB)

NO.

**Petition for Review of
Out-of-Home Placement
(Child with a Developmental Disability)**

I. BASIS

I represent to the court the following:

1.1 Information about the child:

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

1.2 Known information about the parent(s) or legal guardian(s):

(a) Name of mother: _____
Last Name First Name MI

Address: _____

Telephone Number: _____

(b) Name of father: _____
Last Name First Name MI

Address: _____

Telephone Number: _____

1 (c) Marital status of parents: _____

2 (d) Name of legal guardian: _____
Last Name First Name MI

3 Address: _____

4 Telephone Number: _____

5 1.3 The child has a developmental disability as defined in RCW 71A.10.020 as follows:

6

7

8 1.4 The child is in need of out-of-home care solely because of the child's disability.

9 1.5 The child's mother father legal guardian has/have signed a written
10 Voluntary Placement Agreement with the Department authorizing the Department to
place the child in a licensed facility.

11 1.6 The child's mother father has not signed the placement agreement.

12 (a) The custodian status of the non-signing parent(s) is: _____

13 (b) The non-signing parent(s) cannot assume custody of the child because:

14

15

16 **II. RELIEF REQUESTED**

17 I request that the court review the child's placement, make a determination that
18 placement is in the best interests of the child and take other necessary action in the
child's continued interest.

19

20 Date: _____
DSHS/DDA Social Worker

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3 **III. VERIFICATION**

4 STATE OF WASHINGTON)
5)
6 COUNTY OF _____)

7 The undersigned on oath states that:

8 3.1 I am the petitioning social worker in this matter.

9 3.2 I declare under penalty of perjury under the laws of the State of Washington that
10 the foregoing is true and correct

11 _____
12 Date and place

13 _____
14 DSHS/DDA Social Worker Signature

15 _____
16 Type or print name

17 _____
18 Address

19 _____
20 Telephone number