

IN THE INTEREST OF

Name

Date of Birth

**Stipulation to Revise
Dispositional Order**

Case No. _____

STIPULATION:

The undersigned agree to the following revision(s) to the dispositional order without a court hearing:

(Note: Cannot include change of placement or extension) _____

See attached

Reason(s) for revision(s):

▶ _____
Signature of Parent 1

Print or Type Name

Date

▶ _____
Signature of Parent 2

Print or Type Name

Date

▶ _____
Signature

Print or Type Name

Date

▶ _____
Signature

Print or Type Name

Date

▶ _____
Signature

Print or Type Name

Date

▶ _____
Signature

Print or Type Name

Date

DISTRIBUTION:

1. Court
2. Child/Juvenile/Attorney/Guardian ad Litem
3. Parents/Guardian/Indian Custodian
4. Legal and/or Physical Custodian/Attorney (if any)
5. Social Worker
6. Foster Parent/Treatment Foster Home (if any)
7. District Attorney/Corporation Counsel
8. Tribe (if any)
9. Other: _____