

IN THE INTEREST OF

Name

**Request to
Extend Consent Decree**

Case No. _____


Date of Birth

Child/Juvenile's Street and City Address	
Parent 1's Name	Parent 1's Address
Parent 2's Name	Parent 2's Address
Guardian, Legal/Physical Custodian	Address
Other	Address

The Consent Decree expires on [Date] _____. I request the Consent Decree be extended for an additional [up to 6 months] _____ for the following reason(s): _____

See attached

If you do not object, the request may be granted without a court hearing. If you object to the extension, a written objection must be filed with the court within ten (10) days of the filing of this request. If you file a written objection, a hearing will be scheduled.

 _____
 Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

DISTRIBUTION:

1. Court
2. Child/Juvenile and Attorney
3. Parents/Guardian/Legal Custodian/Attorney (if any)
4. Case Worker
5. Physical Custodian
6. District Attorney/Corporation Counsel
7. Guardian ad Litem
8. Court Appointed Special Advocate
9. Other: _____