

IN THE INTEREST OF

**Request for
Qualified Residential Treatment
Program Placement Findings**

Name

Date of Birth

Case No. _____

1. The child's/juvenile's placement/proposed placement is certified as a Qualified Residential Treatment Program.
2. This request is being made for the following reason:
 - The standardized assessment and recommendation by a qualified individual were not available at the time the placement was made or hearing was held authorizing the placement.
 - The placement was not certified as a Qualified Residential Treatment Program at the time the child/juvenile entered the placement. The placement became certified as of [Date] _____
 - Other: _____
3. The standardized assessment and recommendation by a qualified individual have been submitted to the court and provided to all interested parties.

I REQUEST THE COURT consider the standardized assessment and recommendation of the qualified individual and make all findings as to the appropriateness of the Qualified Residential Treatment Program placement no later than _____. [60 days from date of placement OR certification, whichever is applicable]

Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

DISTRIBUTION:

1. Court
2. Child/Juvenile's Guardian ad Litem/Adversary Counsel
3. Parents
4. Parents' Attorney(s)
5. Child's Guardian/Legal Custodian
6. District Attorney/Corporation Counsel
7. Caseworker
8. Tribe
9. Indian Custodian