

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. 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.
OR
 Other: _____
3. The standardized assessment and recommendation by a qualified individual have now 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]

Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

DISTRIBUTION:

1. Court
2. Child/Juvenile's Attorney/Guardian ad Litem
3. Parents/Guardian/Indian Custodian
4. Legal and/or Physical Custodian/Attorney
5. Case Worker
6. District Attorney/Corporation Counsel
7. Tribe
8. Other: _____