

Superior Court of Washington
County of _____

In the Interest of:

D.O.B.:

NO:

**Motion for Court Approval of
Placement in a Qualified
Residential Treatment Program
(MTAF)**

I. Motion

DCYF **moves** the court for an order approving the child's placement in the following Qualified Residential Treatment Program: _____ (name).

Dated: _____

Signature

Print Name WSBA No.

II. Statement

The undersigned **states** that:

- 2.1 The child has been placed in a Qualified Residential Treatment Program for _____ days.
- 2.2 The child's strengths and needs were assessed by a qualified individual who determined that the Qualified Residential Treatment Program best met the child's needs in the least restrictive environment consistent with the child's permanent plan.
- 2.3 Placement in the Qualified Residential Treatment program best meets the child's needs in the least restrictive setting.

I declare under penalty of perjury under the laws of the state of Washington that the above is true and correct.

Signed on _____ at _____, Washington.

Signature

Print name