**Superior Court of Washington, County of**

**Juvenile Court**

|  |  |
| --- | --- |
| In re:D.O.B.:  | **No**: **Order on Motion for Court Approval of Placement in Qualified Residential Treatment Program**[ ] Approved (OAPQRT)[ ] Does not approve (ORDQRT) |

**I. Basis**

The court considered DCYF’s social study and the included assessment, determination, and documentation completed by a qualified individual.

**II. Findings**

The court finds:

2.1 The child was placed in a qualified residential treatment program on *(date)*

2.2 Placement of the child in a qualified residential treatment program [ ] meets [ ] does not meet the child’s needs in the least restrictive environment.

**III. Order**

**It is ordered** that:

The Court [ ] approves [ ] does not approve the child’s placement in
 as a qualified residential treatment program.

Dated:

 **Judge/Commissioner**

Presented by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name/Title WSBA No.

Copy Received; Approved for Entry; Notice of Presentation Waived:

Signature of **Child** [ ] Signature of Child’s Lawyer

 Print Name WSBA No.

[ ] Signature of **Parent 1** [ ] Signature of Parent 1’s Lawyer

[ ] Pro Se, Advised of Right to Counsel

 Print Name WSBA No.

[ ] Signature of **Parent 2** [ ] Signature of Parent 2’s Lawyer

[ ] Pro Se, Advised of Right to Counsel

 Print Name WSBA No.

[ ] Signature of **Guardian or Legal Custodian** [ ] Signature or Guardian or Legal Custodian’s Lawyer

[ ] Pro Se, Advised of Right to Counsel

 Print Name WSBA No.

[ ] Signature of Child’s **GAL** [ ] Signature of Lawyer for the Child’s GAL

Print Name Print Name WSBA No.

[ ] Signature of **DCYF Representative** [ ] Signature of DCYF Representative’s Lawyer

Print Name Print Name WSBA No.

[ ] Signature of **Tribal Representative** [ ] Signature

Print Name Print Name WSBA No.

 Lawyer for