**Superior Court of Washington, County of**

**Juvenile Court**

|  |  |
| --- | --- |
| Dependency of:D.O.B.: | No.:**Summons for Contempt Hearing re Violation of Placement Order**(CHINS/ARY)(SM) |

**State of Washington To**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**I. Notice of Hearing**

**1.** You are notified that a Motion for Contempt Hearing re Violation of Placement Order, a copy of which is provided, was filed with this court alleging that you have failed to comply with a placement order.

2. Hearing Notice – The hearing is:

on: at: [ ] a.m. [ ] p.m.

*date time*

at: ,

*court’s address room or department*

*docket/calendar* ***or*** *judge/commissioner’s name*

**3.** The purpose of the hearing is to hear and consider evidence relating to the motion. You must be present at this hearing.

**4.** If you do not appear, ***the court may enter an order in your absence*** that:

* Finds you in contempt.
* Orders sanctions, which may include community restitution, and other sanctions.
* Issues a warrant for your arrest and detention.

**II. Summons**

***You are summoned and required*** to appear at the hearing on the date, time, and place set forth above.

**III. Advice of Rights**

* You have important legal rights, and you must take steps to protect your interest.
* At the hearing, you have the right to speak on your own behalf, to introduce evidence, to examine witnesses, and to receive a decision based solely on the evidence presented to the judge.
* You have the right to be represented by a lawyer. If you cannot afford a lawyer, you have the right to request that the court appoint a lawyer to represent you at public expense.
* Your lawyer can look at the social and legal files in your case, talk to the supervising agency or other agencies, tell you about the law, help you understand your rights and help you at hearings.
* If you wish to have a lawyer appointed, contact *(name)* .

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: **Issued by County Clerk:**

By *(name)*

Signature

Print name