

Superior Court of Washington, County of _____
Juvenile Court

In re:

No:

**Order on Motion for Court
Approval of Placement in
Qualified Residential Treatment
Program**

D.O.B.:

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**
 Pro Se, Advised of Right to Counsel

 Signature of Parent 1's Lawyer

Print Name WSBA No.

 Signature of **Parent 2**
 Pro Se, Advised of Right to Counsel

 Signature of Parent 2's Lawyer

Print Name WSBA No.

 Signature of **Guardian or Legal Custodian**
or Guardian or Legal Custodian's Lawyer
 Pro Se, Advised of Right to Counsel

 Signature

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 _____