

Superior Court of Washington, County of _____

In the Guardianship of:

Respondent/s (*minors/children*)

No. _____

Motion for Order Directing DCYF to Release
CPS Information
(MT)

Motion for Order Directing DCYF to Release CPS Information

1. Petitioner/s filed a *Minor Guardianship Petition* and request(s) an *Order* directing the Department of Children, Youth, and Families (DCYF) to release Child Protective Services (CPS) information about the Petitioner/s and all household members named in the *Order*.
2. An *Order* directing DCYF to release CPS information is needed because of the following requirements:

RCW 11.130.210(1) provides that, before entering a final order, the court must: "Direct the department of children, youth, and families to release information as provided under RCW 13.50.100."

RCW 13.50.100(4)(a) allows DCYF to release CPS information to a family or juvenile court hearing a petition under chapter 11.130 RCW about investigations in which:

- the children involved in this case were alleged victims of abandonment, abuse, or neglect; or
- the Petitioner/s, or any person age 16 or older who lives with Petitioner/s, is the subject of a founded or currently pending CPS investigation by the Department of Social and Health Services or DCYF started after October 1, 1998.

Person making this motion fills out below.

▶ _____
Person making this motion signs here *Print name (if lawyer, also list WSBA#)* *Date*

Superior Court of Washington, County of _____

In the Guardianship of:

Respondent/s (*minors/children*)

No. _____

Order Directing DCYF to Release CPS
Information
(ORDINFO)
Clerk's action required: 5

**Order Directing DCYF to Release CPS Information
(Guardianship)**

1. Petitioner/s filed a *Minor Guardianship Petition*. The Court needs information from the Department of Children, Youth, and Families (DCYF).
2. The Court orders DCYF to provide information as allowed by RCW 13.50.100 about investigations in which:
 - the children involved in this case were alleged victims of abandonment, abuse, or neglect; or
 - the Petitioner/s, or any person age 16 or older who lives with Petitioner/s, is the subject of a founded or currently pending CPS investigation by the Department of Social and Health Services or DCYF started after October 1, 1998.

DCYF must provide this information under a *Sealed CPS Information* cover sheet (form GDN M 406) to the court at this address:

Superior Court Clerk, _____ County

address *city* *state* *zip*

DCYF must provide the information by (*date*): _____ or
within a reasonable amount of time if no date is specified.

3. List the children:

Child's name	Age	Child's name	Age
1.		2.	
3.		4.	

4. List Petitioner/s or proposed Guardian/s and anyone 16 or older living in the Petitioner's or proposed Guardian's home:

Petitioner

Full Name: _____

Also Known As: _____

Birthdate: _____

Other Individual in the Home

Full Name: _____

Also Known As: _____

Birthdate: _____

Other Individual in the Home

Full Name: _____

Also Known As: _____

Birthdate: _____

Other Petitioner

Full Name: _____

Also Known As: _____

Birthdate: _____

Other Individual in the Home

Full Name: _____

Also Known As: _____

Birthdate: _____

Other Individual in the Home

Full Name: _____

Also Known As: _____

Birthdate: _____

5. **Clerk's Action:** The clerk shall forward a copy of this order to DCYF. Information received from DCYF in response to this order must be filed under seal. Only the parties in this case, their lawyers, the Guardian ad Litem (if any), and the person whose information was released may have access to this information.

Other: _____

6. The information DCYF provides in response to this order is confidential. Anyone who sees the information must keep it confidential and protect against unauthorized disclosure.

Ordered.

Date

Judge or Commissioner

Petitioner and Respondent/s or their lawyers fill out below.

Presented by:

Signature of Party/Lawyer

Printed Name *WSBA No.*

Copy received and approved by:

Signature of Party/Lawyer

Printed Name

Signature of Party/Lawyer

Printed Name

Signature of GAL or CV

Printed Name