**Superior Court of Washington, County of**

**Juvenile Court**

|  |  |
| --- | --- |
| Dependency of:  D.O.B.: | **No:**  **Motion and Declaration for Order Dismissing Dependency**  **(MTAF)** |

**I. Basis**

[ ] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name*) or [ ] DCYF/Supervising Agency asks the court for an Order Dismissing the Dependency. This motion is based upon the following declaration.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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

Print Name WSBA No.

**II. Declaration**

The undersigned declares:

[ ] Dependency has not been established, and the petition should be dismissed.

[ ] Dependency was established, and should be dismissed because (*check only one*):

[ ] The youth is 18 and is not eligible, or 18 to 21 years of age and is no longer eligible for extended foster care.

[ ] The youth is 18 years of age and has not requested extended foster care.

[ ] The youth is in extended foster care and requests dismissal.

[ ] The permanent plan of return home to [ ] parent 1 [ ] parent 2 has been achieved and court supervision is no longer needed.

[ ] A parenting plan/residential schedule signed by the court has been entered in cause number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] The permanency plan of Title 11 Guardianship was achieved and court supervision is no longer needed.

[ ] The youth was adopted on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] A Title 13 RCW Guardianship was established as to the youth.

[ ] The youth is deceased.

[ ] Other:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*city*), Washington, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*date*).

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

Signature Print Name