**Superior Court of Washington, County of**

**Juvenile Court**

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| Dependency of:D.O.B.:  | No**Notice and Summons/Order**:[ ] Dependency[ ] Termination of Parent-Child Relationship(NTSM) |

State of Washington to:

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

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

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**I. Notice of Hearing**

**1.1** You are notified that a petition, a copy of which is provided, was filed with this court alleging that:

 [ ] Dependency: the above named child is dependent. A Dependency Petition begins a judicial process which, if the court finds the child dependent, could result in substantial restriction or permanent loss of your parental rights.

[ ] Termination of Parent-Child Relationship: the above named child is dependent and a permanent termination of the parent-child relationship should occur. A termination Petition, if granted, will result in permanent loss of your parental rights.

**Notice**: If your child is placed in out-of-home care, you may be held responsible for the support of the child.

**1.2** The court has scheduled a fact-finding hearing:

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

*date time*

at: in

*court’s address room or department*

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

**1.3** The purpose of the hearing is to hear and consider evidence relating to the petition. You should be present at this hearing.

**1.4** If you do not appear ***the court may enter an order in your absence***:

[ ] Establishing dependency.

[ ] Permanently terminating your parental rights.

**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.
* You have the right to a fact-finding hearing before a judge. 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 should attend this hearing.
* 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. If you qualify, a lawyer will be appointed by the court to represent you.
* 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

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

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

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

You may call *(name)* for more information about your child. The agency’s name and telephone numbers are:

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

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

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

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| **IV. Order to Appear**[ ] ***You are ordered and required*** as the parent, guardian or custodian having custody and control of the child to bring the child to the above fact-finding hearing.**Notice**: **Violation of this Order to Appear is subject to a proceeding for Contempt of Court Pursuant to RCW 13.34.070**.Dated:   **Judge/Commissioner** |

Dated: **Issued by Petitioner:**

[ ] DCYF

By *(name)*

Signature

Print name WSBA #

[ ] (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

Print name WSBA #