

Superior Court of Washington, County of _____
Juvenile Court

Dependency of:

D.O.B.: _____

No: _____

Order on Motion to Continue Fact-Finding

- Granted (ORCNTFF)
- Denied (ORDYFFC)

Clerk's Action Required: 2.2 and 3.1
(DEX IEX CEX PEX
 LEX EEX OEX)

I. Basis

1.1 This matter is before the court on an Agreed Contested Motion for Continuance of the Fact-Finding hearing filed by:

- DCYF Parent 1 Parent 2 GAL/CASA/Advocate Child
 Other: _____

1.2 The following parties objected to the continuance:

- DCYF Parent 1 Parent 2 GAL/CASA/Advocate Child
 Other: _____

II. Findings

2.1 The above has shown has not shown good cause for a continuance of the Fact-Finding hearing within 75 days of the filing of the dependency petition scheduled on:
(Date) _____ at _____ a.m./p.m.

2.2 Exceptional circumstances exist to continue the Fact-Finding hearing on the dependency petition to a date later than 75 days after the filing of the petition, due to the following:
(please choose only one)

- Discovery related circumstance. (DEX)
- ICWA related circumstance. (IEX)
- Court availability, calendaring, courtroom congestion, or judicial resources. (CEX)
- Party availability: a party to the case is unavailable for trial or fact finding by the 75th day. (PEX)

Party who is unavailable: _____

Lawyer availability: a lawyer involved in the case is unavailable for trial or fact finding by the 75th day. (LEX)

Lawyer who is unavailable: _____

Pre-Dependency engagement; parent voluntarily engaging. (EEX)

Other, General Compelling Reason _____. (OEX)

2.3 The facts supporting the finding(s) in section **2.2** are set forth in the motion and as follows:

2.4 Other: _____

III. Order

IT IS ORDERED:

3.1 Continuance

The motion to continue is denied.

The Fact-Finding hearing is continued.

Go to court on: _____ at _____ [] a.m. [] p.m.
date time



at: _____ in _____
court's address room or department

docket/calendar or judge/commissioner's name

Zoom Hearing: <https://zoom.us/join>. Meeting ID # _____

or call in 1-253-215-8782 meeting ID # _____

3.2 Other: _____

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**
 Pro Se, Advised of Right to Counsel

 Signature of Guardian or Legal Custodian's Lawyer

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 of Tribal Representative's Lawyer

Print Name

Print Name WSBA No.

Lawyer for _____