|  |  |
| --- | --- |
| **Superior Court of Washington** **County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Juvenile Court** |  |
| Vulnerable Youth Guardianship of:D.O.B.:  | **No**: **Order on Review Hearing for Vulnerable Youth Guardianship****(ORRVH)**(Optional Use)**Clerk’s Action Required**: paragraphs 2.1, 2.2 |

|  |
| --- |
| [ ]  The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hearing, if required under paragraph 2.2, shall be on (*date*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_a.m./p.m. at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court, Room/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  |

**I. Hearing**

1.1[ ]  A review hearing was held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Date].

1.2 [ ]  Persons appeared at the hearing:

 [ ]  Youth [ ]  Youth’s Lawyer

 [ ]  Vulnerable Youth Guardian [ ]  Vulnerable Youth Guardian's Lawyer

 [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Order**

The court orders that:

2.1 [ ]  The review hearing shall be continued to the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  The Vulnerable Youth Guardianship remains in effect.

2.2 [ ]  The next review hearing shall be held on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Date] at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a.m./p.m.

2.3 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

 **Judge/Commissioner**

Copy Received. Approved for entry, notice of presentation waived.

Signature of **Vulnerable Youth** Signature of **Vulnerable Youth’s Lawyer**

 Print Name WSBA No.

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

Signature of **Vulnerable Youth Guardian** Signature of **Vulnerable Youth Guardian’s Lawyer**

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

Print Name Print Name WSBA No.

Interpreter’s Declaration: I am a certified or registered interpreter, or have been found otherwise qualified by the court to interpret, in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ language, which the respondent understands. I have interpreted this document for the respondent from English into that language. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Interpreter Print Name