Sup	erior Court of Washington, County o	of			
	Juvenile	Court			
In Re: D.O.B.:		No: Order on Threshold Hearing (Petition for Reinstatement of Terminated Parental Rights) [] Dismiss Petition (ORDSM) [] Set Hearing (ORH) Clerk's Action Required: 3.1, 3.2			
	I.	Basis			
1.1	The court held a threshold hearing in this matter on (date)				
1.2	The following persons were present:				
	[] Child [] Parent 1 [] Parent 2 [] Guardian or Legal Custodian [] Child's GAL [] DCYF [] Tribal Representative [] Interpreter for parent [] 1 [] 2 [] Other				
	II.	Findings			
2.1	The court has jurisdiction over the parties and the subject matter.				
2.2	Proper notice of this hearing [] was [] was not given.				
2.3	The court has received and considered evidence relating to the apparent fitness of (names) and of their interest in reinstatement of their parental rights.				
2.4	The court [] does [] does not find, by a preponderance of the evidence, that the best interests of the child may be served by reinstatement of parental rights.				
2.5	Other				
III. Order					
3.1	[] The petition for reinstatement of ter	minated parental rights is dismissed.			
RCW	V 13.34.215 Or on Thre	eshold Hearing			

3.2	[] The court has scheduled a hea	ring on the merits	
	for:	at:	[]a.m.[]p.m.
	date	time	
	at: court's address	in	room or departmen
	docket/calendar or judge/comm	issioner's name	
3.3	permanency plan, including effort	rith information relating to efforts to a orts to achieve adoption or permand to hearing set in paragraph 3.2.	
Dated:		ludus/Commissions	
Presented by:		Judge/Commissioner	
Signati	ure	_	
Print N	ame/Title WSBA No		
Сору Б	Received; Approved for Entry; Notice of	Presentation Waived:	
Signature of Child		Signature of Child's Lawyer	
		Print Name	WSBA No.
Signature of Child's Guardian ad Litem		Signature of Lawyer for the Guardian ad Litem	
Print N	ame	Print Name	WSBA No.
Signature of Parent 1		Signature of Parent 1's Lawyer	
		Print Name	WSBA No.
Signature of Parent 2		Signature of Parent 2's Lawyer	
		Print Name	WSBA No.
Signat	ure of DCYF Representative	Signature of DCYF Representative	e's Lawyer

Print Name	Print Name	WSBA No.
Signature of Tribal Representative	Signature	
Print Name	Print Name Lawyer for	WSBA No.