Supe	erior Court of Washington, County of			
	Juvenile (Court		
	Re: O.B.:	No: Order on Review Hearing re Petition for Reinstatement of Terminated Parental Rights [] Order on Review Hearing (ORRVH) [] Dismiss (ORDSM) Clerk's Action Required: 3.1, 3.2, 3.3		
	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	 [] Child's Lawyer [] Parent 1's Lawyer [] Parent 2's Lawyer [] Guardian's or Legal Custodian's Lawyer [] GAL's Lawyer [] DCYF's Lawyer [] Tribal Lawyer [] Other 		
	II. Fin	dings		
2.1	The court granted, conditionally, a petition for reinstatement of terminated parental rights, and temporarily reinstated the parent's rights. On <i>(date)</i> , the court signed an order placing the child with their parents for a six month period.			
2.2	DCYF [] did [] did not develop a permanency plan for reunification of the child with their parent(s).			
2.3	DCYF [] did [] did not provide court-ordered transitional services to the family.			
2.4	The child's placement with their parents for the conditional six month period [] was [] was not successful.			
2.5	Other			
	III. O	rder		
RCW	V 13.34.215 Or on Review	Hearing re: Pt.		

3.1 [] The court grants the petition by	separate order.			
.2 [] The petition for reinstatement of terminated parental rights is dismissed.				
3.3 [] Other:				
Dated:				
Presented by:	Judge/Commission	ner		
Signature				
Print Name WSBA No) <u>.</u>			
Copy Received; Approved for Entry; Notice	of Presentation Waived:			
Signature of Child	Signature of Child's Lawy	er		
	Print Name	WSBA No.		
Signature of Child's Guardian ad Litem	Signature of Lawyer for the Guardian ad Litem			
Print Name	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 La	awyer		
	Print Name	WSBA No.		
Signature of DCYF Representative	Signature of DCYF Repre	esentative's Lawyer		
Print Name	Print Name	WSBA No.		
Signature of Tribal Representative	Signature			

Print Name	Print Name	WSBA No.
	Lawyer for	