

REFERRAL FORM FOR APPOINTMENT OF ATTORNEY FOR CHILD

Name of Child: _____ Child's Date of Birth: _____

Location of Court: _____ Case Number: _____

Next Court Date: _____ Name of Case Worker: _____

Your Name: _____ Relationship to child: _____

Your Phone Number: _____ Your Email: _____

Is the appointment of an attorney urgent? Yes No

Why? _____

Has the child expressed a desire to have an attorney? Yes No

Reasons why the child should have an attorney appointed? (Please check all that apply)

Placement issues

Services

Sibling visits

Parent visits

Permanency planning issues

Other: _____

This form is to be used if you are moving for appointment of an attorney to represent a child or youth in a dependency case and you have not already had contact with an attorney. This form can be used either by the child/youth or it can be used by anyone who feels that the young person needs an attorney to represent their stated wishes and legal rights. Please mail to Office of Civil Legal Aid, P.O. Box 41183 Olympia, WA 98507 or send via email to: jill.malat@ocla.wa.gov.

INSTRUCTIONS ON USE OF FORM

This form will be distributed to the following entities and put on their websites if possible:

- CASA office
- Children's Administration
- Office of Public Defense
- Office of Civil Legal Aid
- FPAWS
- Public Defender Offices
- Kinship Navigators/Resource Agencies

We recommend is that the form be added to the independence.wa.gov website. We also recommend that information on the form should be part of the UW Alliance for Child Excellence's core training.

Completed forms should be sent to the Office of Civil Legal Aid. OCLA will route the form to the appropriate judicial officer.