

HOW TO REOPEN A JUVENILE DEPENDENCY CASE

The following instructions have been prepared as a guide in assisting you to reopen your dependency case. It is for informational purposes only and should not be substituted for, nor construed as, legal advice.

1. PREPARE A WRITTEN MOTION

Blank motions can be found at: www.ca.cjis20.org.

Click CHARLOTTE COUNTY

Click CIRCUIT JUDGES

Click JUDGE EVANS

Click DOWNLOADS

Click MOTION TO REOPEN A DEPENDENCY CASE

You should attach to your motion supporting documentation showing you completed your Case Plan tasks. This may include, but is not limited to:

- Parenting class completion certificate
- Substance abuse treatment completion certificate
- Anger management completion certificate
- Victim's counseling
- Proof of income (pay stubs, W-2's, letter from employer)
- Proof of housing (lease)
- Proof of attendance at 12-step recovery meetings (AA or NA)

2. FILE YOUR MOTION

File your motion and supporting documentation with the Clerk of Courts:

Charlotte County Courthouse

350 E. Marion Avenue

Punta Gorda, FL 33950

3. OBTAIN A HEARING DATE

After you have filed your Motion, contact the Judge's Assistant, at (941) 833-3033 and ask her for a hearing date. You will write the hearing date and time on a Notice of Hearing.

4. FILE AND SEND YOUR MOTION AND NOTICE OF HEARING

Fill in the date and time of the hearing (that you received from the Judicial Assistant) on a Notice of Hearing.

File the Notice of Hearing with the Clerk of Courts.

That same day, send a copy of the Notice of Hearing and a copy of your Motion to Reopen, along with all supporting documentation, to:

- a. Camelot Community Care, Inc.
19621 Cochran Blvd
Unit 4
Port Charlotte, Florida 33948
- b. The other parent or parents
- c. The permanent guardians/caregivers who have custody of your children
- d. The Guardian Ad Litem Program, 18500 Murdock Circle, Suite B203, Port Charlotte, FL 33948
- e. Children's Legal Services, 2295 Victoria Avenue, Fort Myers, FL 33901

5. **CONTACT CAMELOT COMMUNITY CARE**

Within 48 hours of filing your Motion, contact **Camelot Community Care, Program Director (Melissa London) at (941)613-3934**, and let her know you filed a motion to reopen your case.

- a. The Program Director will assign your case to a Child Welfare Case Manager. The Case Manager will contact you to set up an appointment. At that appointment, the Case Manager will go over your case plan tasks with you and review your supporting documentation. The Case Manager may ask you to sign all necessary releases, including those that will allow the Case Manager to verify completion of the required services. The Case Manager will also contact service providers, if needed. The Case Manger may also contact the children's current caregiver regarding your motion and obtain their input.
- b. The Case Manager will consult with his/her supervisor and make a recommendation on reopening your case, and will notify you of the result. The recommendation will be presented at your court hearing.
- c. If the Case Manager recommends increased, unsupervised or overnight visitation and/or reunification as appropriate, then the Case Manager will agree with your motion to reopen the case and may request the Court permission to reunify you with your children on that date or shortly thereafter. A future Judicial Review hearing date will be set as well at that hearing.
- d. If the Case Manager recommends your case NOT be reopened, you will be given an explanation as to why and what you need to do in order to reopen it. The Case Manager will present these recommendations to the Court, and you will have the opportunity to present your position to the Judge, at the hearing.
- e. The Judge will decide your motion at the hearing.

PLEASE NOTE: Every case is different and there are other possible outcomes than those noted above. Failure to adhere to the instructions may result in a delay in your hearing.

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT,
IN AND FOR CHARLOTTE COUNTY, FLORIDA

IN THE INTEREST OF:

CASE NO.:

_____/_____
Minor Children

MOTION TO REOPEN AND FOR MODIFICATION OF PERMANENCY ORDER

(§39.621(10), Fla.Stat., Rule 8.430, Fla.Juv.R.Pro)

1. My name is _____
2. My address is _____
3. I am the _____ of the above named children.
4. The court has jurisdiction over this matter because the above-named children were adjudicated dependent on _____ .
5. The court closed the case but retained jurisdiction on _____, 20____.
6. The children are currently in the custody of _____
7. I am requesting an order (check all that apply):
 Reinstating protective services supervision
 Modifying visitation
 Reunifying the children
8. I can prove (check all that apply):
 I have complied with the requirements of the reunification case plan filed and approved by the court in this case by:
 Completing and benefiting from substance abuse treatment. (Attach certificate of completion, AA/NA slips, and/or letter from treatment provider).
 By remaining free of alcohol, illegal drugs, and/or prescription drugs which have not been prescribed to me. (Attach AA/NA slips and/or letter from sponsor).

___ Completing and benefitting from parenting classes. (Attach certificate of completion and essay on what was learned in classes).

___ Completing and benefitting from anger management counseling. (Attach certificate of completion and essay on what was learned in classes).

___ Completing and benefitting from a 26 week batter's intervention course. (Attach certificate of completion and essay on what was learned in classes).

___ By completing a course/counseling for victims of domestic violence. (Attach certificate of completion or letter from counselor and safety plan for avoiding and escaping violence).

___ Maintaining legal, verifiable employment for ____ months. (Attach pay stubs and/or letter from employer).

___ Maintaining clean, safe housing for ____ months. (Attach lease, rent receipts, and/or letter from landlord).

___ Receiving mental health/psychiatric services and complying with all treatment plans and recommendations. (Attach letter from counselor/psychiatrist)

___ Taking all medications prescribed to me as prescribed. (Attach letter from doctor/psychiatrist).

___ By complying with the requirements of my probation. (Attach proof of termination of probation or letter from probation officer).

___ Other: _____

___ The circumstances which caused the children to be removed from my custody have been remedied in that: _____

___ The current placement is no longer in the children's best interest because: _____

____ The children ____ agree / ____ disagree with this motion.

____ The current custodian recommends _____

____ The guardian ad litem recommends _____

9. The modification that I am requesting will not endanger the children's safety, well-being, and physical, mental, and emotional health because _____

10. I understand the permanency placement and the conditions of that placement are intended to continue until the child reaches the age of majority and may not be changed unless the circumstances of the permanency order are no longer in the children's best interest. I also understand that to change the permanency order or reinstate protective services supervision, the court must hold a hearing and consider all the factors in paragraphs 8 and 9 above and that it is my burden to demonstrate that the modification will not harm the children's safety, well-being, and physical, mental, and emotional health.

11. I UNDERSTAND THAT THIS DOCUMENT WILL BE FILED WITH THE COURT. UNDER PENALTY OF PERJURY, I DECLARE THAT THE FACTS CONTAINED HEREIN ARE TRUE.

Signature _____

CERTIFICATE OF SERVICE

I **HEREBY CERTIFY** that on this ____ day of _____20__, by regular US Mail/hand delivery, the original hereof was furnished to Clerk of Circuit Court, Charlotte County Courthouse, 350 E. Marion Avenue, Punta Gorda, FL 33950; and true copies hereof have been furnished to:

Melissa London, Program Director, Camelot Community Care, Inc.;
19621 Cochran Blvd, Unit 4, Port Charlotte, Florida 33948

Children’s Legal Services
2295 Victoria Avenue, Fort Myers, FL 33901
Guardian ad Litem Program;

18500 Murdock Circle, Suite B203, Port Charlotte, FL 33948

OR

Hand delivery to the courthouse where the GAL Program has an inbox

The Permanent Guardian(s), _____, at

_____, mother/father at _____

(If you do not know the whereabouts of the other parent, or parents, note that above.)

Signature _____

Print Name: _____

Address: _____

Phone No.: _____

IN THE CIRCUIT COURT, TWENTIETH JUDICIAL CIRCUIT,
IN AND FOR CHARLOTTE COUNTY, FLORIDA

IN THE INTEREST OF:

CASE NO.:

_____/_____
Minor Children

NOTICE OF HEARING

TO: Melissa London, Program Director, Camelot Community Care, Inc.
19621 Cochran Blvd, Unit 4, Port Charlotte, Florida 33948

Children's Legal Service
2295 Victoria Avenue, Fort Myers, Florida 33901

Guardian ad Litem Program;
18500 Murdock Circle, Suite B203, Port Charlotte, FL 33948

OR

Hand delivery to the courthouse where the GAL Program has an inbox

The Permanent Guardian(s), _____, at

_____ mother/father (other parent or parents) at

(If you do not know the whereabouts of the other parent, or parents, note that above.)

BE ADVISED the undersigned will bring on to be heard **Motion to Reopen and Modification of Permanency Order** scheduled as follows:

Judge: Mary C. Evans

Place: Charlotte County Courthouse,
350 E. Marion Avenue, Punta Gorda, FL 33950

Date: _____

Time: _____ or as soon thereafter as may be heard.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been furnished to the above named addressees by United States Mail or hand delivery on this _____ day of _____, 20____.

Signature _____

Print Name: _____

Address: _____

Phone No.: _____

AMERICANS WITH DISABILITIES ACT

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Jon Embury, Administrative Services Manager, whose office is located at 350 East Marion Avenue, Punta Gorda, Florida 33950, and whose telephone number is (941) 637-2110 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before your scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

HOW QUICKLY DO YOU WANT TO RECEIVE YOUR COURT DOCUMENTS?

You have TWO choices for receiving documents filed in your case:

FAST

Fill out the attached Designation of e-mail form and select that you want all of your documents sent to you via e-mail – this is the **fastest** way to receive documents filed in your case. If you choose this designation it is YOUR responsibility to check your Inbox and Spam folder frequently. If you choose to receive everything via e-Mail this is the ONLY WAY documents will be sent to you. Attorneys are required to file and receive documents electronically, thus, if the opposing party is represented by counsel, they will be receiving documents by this method.

not so fast

Fill out the Designation of Mailing address form and select that you want all of your documents sent to you via U.S. Mail. This is the slowest way to receive documents that are filed in your case. If you choose to receive everything via U.S. Mail this is the ONLY WAY documents will be sent to you.

Official instructions can be found at www.floridacourts.org.

Once you have completed the attached Designation form, return it to the Clerk of Courts on the first floor of the Charlotte County Courthouse, 350 E. Marion Ave, Punta Gorda, FL. If you have an ePortal account, you can e-file the Designation form.

e-Filing

You are also eligible to create an e-Portal account so you can e-file documents in your case, just like lawyers do. Visit <https://www.myflcourtaccess.com/> to set up an e-filing Log in.

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT
IN AND FOR CHARLOTTE COUNTY, FLORIDA

Petitioner,

CASE NO: _____

and

Respondent.

DESIGNATION OF CURRENT MAILING OR E-MAIL ADDRESS

My name is _____.

Initial 1) I want to receive notifications from the court regarding this case by U.S. Mail.

My mailing address is: _____) _____

Initial 2) I want to receive notifications from the court regarding this case by e-mail.
My e-Mail address is: _____

Initial 3) I understand once I make an election (either U.S. Mail or e-mail) that is the ONLY method I will receive notifications for this entire case FROM THE COURT unless I submit in writing another Designation of Address form changing my previously submitted designation.

Initial 4) I understand that any information sent by the Clerk of Courts MAY be sent to me at the above physical address via U.S. Mail. I acknowledge it is my responsibility to keep my physical and e-Mail addresses current.

Signature

Date

The Supreme Court-approved version of this form is available at www.flcourts.org.