

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

IN THE INTEREST OF:

CASE NO.:

_____ /

MOTION TO REOPEN

(§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 child(ren).
4. The court has jurisdiction over this cause in that the above-named child(ren) was/were adjudicated dependent on _____
5. The court terminated protective services supervision and retained jurisdiction on _____, 20____
6. The child(ren) is/are currently in the custody of (list name, address and phone number):

7. I am requesting an order (check all that apply):
 Reinstating protective services supervision
 Modifying visitation
 Reunifying the child(ren)
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 benefiting 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 batterer'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 child(ren) to be removed from my custody have been remedied in that: _____

___ The current placement is no longer in the child(ren)'s best interest because: _____

___ The child(ren) ___ 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 child(ren)'s safety, well-being, and physical, mental, and emotional health because _____

10. **I understand that the permanency placement and the conditions of that placement are intended to continue until the child(ren) reach(es) the age of majority and may not be changed unless the circumstances of the permanency order are no longer in the**

child(ren)'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 child(ren)'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 _____

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who produced _____ as identification and who did (did not) take an oath.

NOTARY PUBLIC

Print _____ Name _____
Commission _____ No _____
My Commission Expires _____

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this ____ day of _____ 20____, by regular U.S. Mail/hand delivery, the original hereof was furnished to Clerk of Circuit Court, Juvenile Division 2000 Main Street, Fort Myers Florida 33901; and true copies hereof have been furnished to:

Children's Legal Services, Department of Children and Family Services, 19500 Cochran Blvd., Port Charlotte, FL 33952

Joyce Mieses, Case Management Program Director, Lutheran Services of Florida 4150 Ford Street Ext., Suite 1C, Fort Myers, FL 33916

Guardian ad Litem Program, 21450 Gilbralter Street, Port Charlotte, FL 33952

The Permanent Guardian(s), _____, at _____

_____, mother/father at _____

Signature _____

Print Name: _____

Address: _____

Phone No.: _____