

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

IN THE INTEREST OF:

CASE NO.:

_____ /

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 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 _____.
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 benefiting 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 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.

COUNTY OF GLADES

The foregoing instrument was acknowledged before me this _____ day of _____, 200____, 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 US Mail/hand delivery, the original hereof was furnished to Clerk of Circuit Court, Juvenile Division, Glades County Courthouse, 500 Avenue J, Moore Haven, Florida 33471.

and true copies hereof have been furnished to:

(__) Children's Legal Services, Department of Children and Family Services, 2295 Victoria Ave., P.O. Box 60085, Fort Myers, Florida 33901

(__) Su Carey, Program Director, Family Preservation Services
485 E. Cowboy Way, Ste 105, LaBelle, FL 33935

(__) The Permanent Guardian(s), _____, at

_____.

(__) _____, mother/father at _____

_____.

Signature_____

Print Name:_____

Address: _____

Phone No.: _____