

IN THE CIRCUIT COURT, TWENTIETH JUDICIAL CIRCUIT,  
IN AND FOR HENDRY 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 HENDRY

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 25 East Hickpochee Avenue, LaBelle, Florida 33935;

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.: \_\_\_\_\_