

MOTION FOR DETERMINATION REGARDING CONTINUATION IN CARE

DCF-1011
1/19 (Rev.)



TO: THE SUPERIOR COURT FOR JUVENILE MATTERS

Address Of Court:		Juvenile Matters District:	Docket No.	
Child's LAST Name:	Child's FIRST Name:	Gender:	Age:	Date Of Birth:
Address Of Child:		Child Resides With:	Place Of Birth:	

Name Of Petitioner: **Vannessa Dorantes, Commissioner, Department Of Children And Families**

Youth: <input type="checkbox"/> Neglected <input type="checkbox"/> Uncared For	Committed At (Juvenile Matters District)	Original Date Of Commitment
Name(s) of Parent(s) and/or Legal Guardian(s)	Relationship To Youth	Address(es)

THE PETITIONER RESPECTFULLY REPRESENTS TO THE COURT THAT:

- Said youth was committed to the Commissioner of Children and Families prior to reaching the age of 18 years.
- Said youth is over the age of eighteen years and resides at the address specified above.
- Said youth has consented to remain in the care of the Commissioner of DCF.
- Said youth meets the requirements of C.G.S. §46b-129(j)(5).
- Continuation in care is in the best interest of the youth.
- An appropriate Permanency Plan has been filed with the court concerning said youth.

WHEREFORE, the petitioner respectfully moves that the foregoing motion(s) be granted and that the Court make such orders as are necessary and appropriate for said youth.

The Petitioner
Vannessa Dorantes
Commissioner, Department of Children and Families

William Tong
Attorney General, State of Connecticut

By: _____
Assistant Attorney General

Juris# _____
Office of the Attorney General
Mackenzie Hall
110 Sherman Street
Hartford, CT 06105-2294
Telephone: 860-808-5480
Facsimile: 860-808-5590

CERTIFICATION

I hereby certify that on _____ a copy of the foregoing motion was mailed, postage prepaid, to all counsel and/or parties of record as follows:

Child's LAST Name:	Child's FIRST Name:	Gender:	Age:	Date Of Birth:
		Attorney or GAL LAST Name:	Attorney or GAL FIRST Name:	
Address (No. and Street):		City:	State:	Zip:
E-mail:		Phone:	Fax:	
		Attorney or GAL LAST Name:	Attorney or GAL FIRST Name:	
Address (No. and Street):		City:	State:	Zip:
E-mail:		Phone:	Fax:	
		Attorney or GAL LAST Name:	Attorney or GAL FIRST Name:	
Address (No. and Street):		City:	State:	Zip:
E-mail:		Phone:	Fax:	
		Attorney or GAL LAST Name:	Attorney or GAL FIRST Name:	
Address (No. and Street):		City:	State:	Zip:
E-mail:		Phone:	Fax:	
Commissioner of the Superior Court:			Date:	

ORDER

Child's LAST Name:	Child's FIRST Name:
In RE: _____	
<p>The foregoing motion having come before it, this Court hereby finds that:</p> <p><input type="checkbox"/> Continuation in the care of the petitioner is in the youth's best interests;</p> <p><input type="checkbox"/> There is an appropriate permanency plan.</p> <p><input type="checkbox"/> Other</p>	
Name of Judge	Date of Order:
Signature of Judge	Date Signed: