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| **In the Interest of:**    DOB | **Petition for At-Risk Youth** |
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# BASIS

I represent to the court the following:

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| **1.1 Petitioner(s) is/are:** |  |
| Parent | Legal Custodial Parent |
| Parent | Legal Custodial Parent |
| Guardian of the above-named child |  |
| Custodian of the above-named child |  |

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| **1.2 Information about the child:** |
| Name: |
| Date of birth: Age: Gender: |
| Legal Address: |
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| Phone Number: |

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| **1.3 Information about the parent #1:** |
| Name: |
| Address: |
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| Phone Number: |

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| **Information about the parent #2:** |
| Name: |
| Address: |
|  |
| Phone Number: |

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| **Marital status of parents:** |
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| **Information about the legal custodian or guardian** |
| Name: |
| Address: |
|  |
| Phone Number: |

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| **1.4 Other active Juvenile Court matters:** |
| The child is not the subject of a dependency proceeding under chapter 13.34 RCW. |
| A Child In Need of Services (CHINS) petition involving this child is active. |
| A Truancy petition involving this child is active. |
| An offender (criminal) matter involving this child is active. |
| **1.5 The child is an at-risk youth, as defined in RCW 13.32A.031(1), in that the child:** |
| a. Has been absent from the home for more than seventy-two (72) consecutive hours without parental consent: or |
| b Is beyond parental control such that the child’s behavior endangers the health, safety, and welfare of the child or another person; or |
| c. Has a substance abuse problem and there are no pending criminal charges related to the substance abuse. |
| **1.6**  **The petitioner has the right to legal custody of the child.** |
| **1.7  Court intervention and supervision are necessary to assist the petitioner in maintaining the care, custody, and control of the child.** |
| **1.8  Alternatives to court intervention have been attempted and include the**  **following:** |

**1.9  A family assessment has been completed by Family Reconciliation Services (FRS) and verification thereof is attached to this petition.**

**FRS was unable to complete the family assessment within two working days of the petitioner’s request.**

**1.10**  **The allegation that the child is an At-Risk Youth is based on the following facts:**

**II. RELIEF REQUESTED**

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| **The petitioner(s) request(s) that the following recommendations, pursuant to 13.32A.196 be considered by the Court for inclusion in the dispositional order to assist in maintaining the care, custody, and control of the child.**  Regularly attend school with no unexcused absences, tardies, or skipped classes.  Obtain a  drug and alcohol evaluation  psychiatric  psychological  mental health  evaluation. Follow treatment recommendations. (Does not include inpatient treatment.) |
| Enroll in, participate, and attend  family counseling  individual  counseling  anger management counseling  Youth to parent/family violencecounseling  and attend all scheduled appointments unless excused by the counselor. |
| Do not use nor possess non-prescribed drugs, alcohol nor tobacco. |
| Obey curfew of \_\_\_\_\_\_\_\_  Sunday - Thursday and \_\_\_\_\_\_\_\_  Friday and Saturday. Have parents/guardians permission regarding whereabouts, hours and activities, at all times and provide telephone number and/or address at which youth can be reached at all times.  Reside with  parent or  approved placement and follow home rules.  Have no contact with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  Do not allow others in home without parental permission. |
| Do not be  physically or  verbally abusive  or cause any property damage.  Submit to random urinalysis (UA)  as needed for evaluation or treatment  upon parent’s request. |
| Pursue employment opportunities.  Either party may request a \_\_\_\_\_\_\_\_\_\_ minute “cooling off” period from an argument. During that time the parties will not discuss the issue with each other. The youth shall not leave the premises during the break and the parties shall resume discussing the issues at the end of the break. |
| Other conditions of supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**III. certification**

I/We certify under penalty of perjury under the laws of the State of Washington that the above information is true and correct.

Signed this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_, Washington

Print Name of Petitioner Signature of Petitioner

Print Name of Petitioner Signature of Petitioner