

**MOTION FOR DETERMINATION REGARDING CONTINUATION IN CARE**

DCF-1011

9/25(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: <b>Susan I. Hamilton, Commissioner, Department Of Children And Families</b>				
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

Susan I. Hamilton

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