

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	MOTION RE TRANSFER/ HEARING/PLACEMENT <input type="checkbox"/> EX PARTE	CASE NO. PETITION NO. JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First and last name(s), alias(es)

1. The names and addresses of parents, guardians, or legal custodians are:

Father	Address
Mother	Address
Guardian/Legal custodian	Address

2. I request a

- transfer of this case to the formal calendar.
- review. rehearing. adjournment.
- hearing regarding the agency's notice of intent to return the child home.
- review of the initial services plan and/or custody or placement order.
- court review of the attached independent assessment and the child's placement in a qualified residential treatment

program by _____ .
Date

Use note: court review and approval must be made within 60 days of the child's placement in a qualified residential treatment program.

State reasons below as appropriate.

I declare under the penalties of perjury that this motion has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature _____ Date _____ Agency/Address _____

Name (type or print) _____ City, state, zip _____ Telephone no. _____

