

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of (use initials only): _____)
_____)
_____)
_____) CASE NO. _____
Minor(s) under 18 years of age. _____)
_____) **REQUEST FOR PLACEMENT REVIEW**
Date(s) of birth: _____) **and REQUEST FOR HEARING**

- I am an adult family member or adult family friend of the minor child(ren) named above.
Name: _____ Relationship to Child(ren): _____
Full Mailing Address: _____
Phone: _____ Email: _____
- The Office of Children’s Services (OCS) denied placement with me, because:

- I do not agree with the placement decision made by OCS. I believe that the child(ren) should be placed with me, because:

- I request a hearing to review the placement decision. I understand that my participation in this case is limited to participating in the hearing about denial of placement with me. I attached a copy of the denial notice from OCS.

Date Signature

ORDER SETTING HEARING

- A placement review hearing will be held as indicated below.
- A placement review hearing will be combined with the hearing already scheduled below.
- A scheduling conference to set the placement review hearing will be held as indicated below.

Date and Time: _____
Location: _____

Date Judicial Officer Print or Type Name

I certify that on _____, I distributed a copy of this request and order to:
 AG OCS GAL Child’s Atty Parent/Atty _____ Parent/Atty _____
 Indian Custodian Tribe Person filing this request _____
Clerk: _____

[Note to Court Clerk: Enter CN313OSH in CV once hearing is set.]

