

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**

1. 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: _____
2. The Office of Children’s Services (OCS) denied placement with me, because:

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

4. 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.]

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. _____)
_____)
Date(s) of birth: _____)

ORDER ON PLACEMENT REVIEW

Having considered the evidence and arguments presented, the Office of Children’s Services’ denial of placement of the child(ren) with _____ is:

AFFIRMED.

REVERSED.

Other Orders and Findings:

Date Judicial Officer Print or Type Name

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