

F.C.A. §§ 350.2, 351.1, 352.1,  
352.2, 353.1, 353.3, 353.5, 353.6, 353.7;  
S.S.L. §§ 393, 409-h

Form 3-32  
(Juvenile Delinquency - Order of Disposition -  
Designated Felony - After Order of Removal  
with Finding- No Restrictive Placement)<sup>1</sup>  
9/2021

At a term of the Family Court of the  
State of New York, held in and for the  
County of \_\_\_\_\_,

at \_\_\_\_\_, New York  
on \_\_\_\_\_, \_\_\_\_\_.

PRESENT:

Hon.  
Judge \_\_\_\_\_

\_\_\_\_\_  
In the Matter of

Docket No. \_\_\_\_\_

A Person Alleged to be a  
Juvenile Delinquent,

ORDER OF DISPOSITION  
(Designated Felony - After Order of Removal  
with Finding - No Restrictive Placement)

Respondent.  
\_\_\_\_\_

An Order of Removal pursuant to Article 725 of the Criminal Procedure Law having been  
duly filed with this Court on [specify date]: \_\_\_\_\_, and a finding beyond a reasonable doubt  
having been made [check applicable box]:

- upon the above-named Respondent's plea of guilty
- after a juvenile delinquency fact-determination
- after a verdict of guilty

that the Respondent did the following act(s) that would, if committed by an adult, constitute the  
following crime(s) [specify as to each count]:

designated felony act(s) pursuant to section 301.2 of the Family Court Act [specify,  
including section(s) of the Penal Law or other law violated]:

non-designated felony act(s) [specify, including section(s) of the Penal Law or other law  
violated]:

; and

**[Check box only if applicable]:**  The above crime included infliction of serious physical  
injury upon a person who is 62 years of age or older. *See* F.C.A. §355.5(3).

\_\_\_\_\_  
<sup>1</sup> For restrictive placements, use Form 3-33.

And these acts include the following:

- designated felony act(s) pursuant to section 301.2 of the Family Court Act [specify, including section(s) of the Penal Law or other law violated]:
- non-designated felony act(s) [specify, including section(s) of the Penal Law or other law violated]:

And notice having been duly given to Respondent, the Presentment Agency and [check applicable box]:  Respondent's parent(s)  the person(s) legally responsible for the Respondent's care pursuant to section 341.2 of the Family Court Act;

And the Respondent having [check applicable box(es)]:  appeared  not appeared, and counsel for Respondent having  appeared  not appeared before this Court to answer the petition;

And the matter having thereafter duly come on for a dispositional hearing pursuant to section 350.2 of the Family Court Act before the Court;

The Court, after making an examination and inquiry into the facts and circumstances of the case and after making reports available to counsel in accordance with section 351.1 of the Family Court Act, finds upon a preponderance of the evidence that:

### **I. Dispositional Findings**

A. Respondent requires supervision, treatment, or confinement; and

B. The Court, having fully considered the matter of restrictive placement in accordance with section 353.5 of the Family Court Act, finds that the Respondent does not require restrictive placement for the following reasons [specify]:

; and

C. The Court, having fully considered the matter of a particular disposition pursuant to section 352.2 of the Family Court Act, finds that the Respondent requires the following disposition [specify; if the Respondent has been found to be sexually exploited, as defined in Social Services Law §447-a, so indicate]:  
for the following reasons [specify]:

### **II. Required Findings in Cases in Which the Respondent is Placed: 2**

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<sup>2</sup> Note: These findings need not be made where the Respondent is placed restrictively pursuant to Family Court Act §353.5. In such cases, use Form 3-33.

[The following determinations are required when order is placement; check applicable boxes and provide case-specific reasons]: And the Court has determined that:

**A. Best Interests Finding:** Continuation in, or return to, the Respondent's home

would  would not be contrary to Respondent's best interests based upon the following facts and for the following reasons [specify]:

This determination was based upon the following information [check applicable box(es)]:

- Probation Department report, dated [specify]:
- Mental health evaluation, dated [specify]:
- Uniform Case Record, dated [specify]:
- Risk Assessment Instrument
- Summary of the Uniform Case Record, dated [specify]:
- Service Plan, dated [specify]:
- The report of [specify]: , dated [specify]:
- Testimony of [specify]:
- Other [specify]:

**B. Reasonable Efforts Findings:**

1. Reasonable efforts, where appropriate, to prevent or eliminate the need for removal of the child from the home [check applicable box (es); state reasons as indicated. If prior finding was made, so indicate, including date]:

were made as follows [specify]:

were not made but the lack of efforts was appropriate [check all applicable boxes]:

because of a prior judicial finding pursuant to F.C.A. §352.2(2)(c) that the authorized agency was not required to make reasonable efforts to reunify the Respondent with the  parent(s)  guardian(s) [specify date of finding]:

because of other reasons [specify other reasons]:

were not made.

This determination was based upon the following information [check applicable box(es)]:

- Probation Department report, dated [specify]:
- Mental health evaluation, dated [specify]:

- Uniform Case Record, dated [specify]:
- Risk Assessment Instrument
- Summary of the Uniform Case Record, dated [specify]:
- Service Plan, dated [specify]:
- The report of [specify]: , dated [specify]:
- Testimony of [specify]:
- Other [specify]:

2. Reasonable efforts, where appropriate, to return the Respondent home safely [check applicable box and state reasons as indicated]:

- were made as follows [specify]:
  
- were not made but the lack of efforts was appropriate [check all applicable boxes]:
  - because of a prior judicial finding pursuant to F.C.A. §352.2(2)(c) that the authorized agency was not required to make reasonable efforts to reunify the child with the  parent(s)  guardian(s) [specify date of finding]:
  - because of other reasons [specify]:
- were not made.

This determination was based upon the following information [check applicable box(es)]:

- Probation Department report, dated [specify]:
- Mental health evaluation, dated [specify]:
- Uniform Case Record, dated [specify]:
- Risk Assessment Instrument
- Summary of the Uniform Case Record, dated [specify]:
- Service Plan, dated [specify]:
- The report of [specify]: , dated [specify]:
- Testimony of [specify]:
- Other [specify]:

3. Reasonable Efforts: Goal Other Than Return Home: [Applicable in cases in which the Respondent's permanency plan is adoption, guardianship or permanent living arrangement other than reunification]:

Reasonable efforts to make and finalize the Respondent's permanency plan of [specify]:

- have been made as follows [specify]:

were not made based upon the following facts and for the following reasons [specify]:

This determination was based upon the following information [check applicable box(es)]:

- Probation Department report, dated [specify]:
- Mental health evaluation, dated [specify]:
- Uniform Case Record, dated [specify]:
- Risk Assessment Instrument
- Summary of the Uniform Case Record, dated [specify]:
- Service Plan, dated [specify]:
- The report of [specify]: , dated [specify]:
- Testimony of [specify]:
- Other [specify]:

**C. Findings Regarding Transitional Services and Out-of-State Placements:**

[Required where Respondent is 14 years of age or older]: The services, if any, needed to assist the Respondent to make the transition from foster care to independent living are [specify]:

[Required where the Respondent is placed outside New York State]: Placement outside New York State  is  is not appropriate and in the Respondent's best interests.

**D. Findings Regarding Pre-dispositional Risk Assessment Instrument:**

There  is  is not a validated pre-dispositional risk assessment instrument in use in this county that was developed by (or in New York City, approved by) the New York State Office of Children and Family Services.

[REQUIRED where there is a validated pre-dispositional risk assessment instrument in use]: Respondent has been assessed on the risk assessment instrument as a [check box for level of risk]:

[NYC cases only]:  low  medium  high  very high level of risk

[NON-NYC cases only]:  low  medium  high level of risk .

[REQUIRED where validated pre-dispositional risk assessment instrument is in use and where placement is at a higher level of care than the assessed risk level; check box if applicable]:

Placement, as directed below, is necessary and no less restrictive alternative is available, both for the protection of the community and to be consistent with the needs and best interests of the Respondent, notwithstanding the assessed risk level, for the following reasons {specify}:

**III. Required Findings Where Approval of Placement in Qualified Residential Treatment Program is Requested:**

Required Findings if Placement in “Qualified Residential Treatment Program” is Requested [DELETE if inapplicable]:

**This Court, upon examination of the motion papers and supporting affidavit(s); the Qualified Individual’s written assessment of the appropriateness of the requested placement; and any response thereto, including [specify]: \_\_\_\_\_ ; and [specify other information considered]:**

**\_\_\_\_\_ ; and  upon hearing testimony in relation thereto  upon consent of all parties without a hearing, finds the following [check applicable box(es)]:**

A. The needs of the Respondent  can  cannot be met through placement in a foster family home because [specify facts and reasons]:

B. Placement of the Respondent in a Qualified Residential Treatment Program (QRTP)  does  does not provide the most effective and appropriate level of care for the Respondent in the least restrictive environment because: [specify facts and reasons]:

C. Placement in [specify name of QRTP]:  
 is  is not consistent with the short-term and long-term goals for the Respondent, as specified in the Respondent’s permanency plan because [specify facts and reasons]:

D. Where the Qualified Individual has determined that the placement of the above-named Respondent in the Qualified Residential Treatment Program (QRTP) is not appropriate, the Court nevertheless finds:

Circumstances exist that necessitate the continued placement of the above-named Respondent in the Qualified Residential Treatment Program (QRTP) as follows [specify facts and reasons]:

There is not an alternative setting available that can meet the above-named Respondent’s needs in a less restrictive environment; **and**

Continued placement serves the above-named Respondent’s needs and best interests or the

need for protection of the community because [specify facts and reasons]:

**NOW, therefore, upon the Order of Removal and the findings made in the dispositional hearing, and upon all proceedings had herein, it is hereby**

ORDERED and ADJUDGED that the above-named Respondent is a juvenile delinquent based on the Order of Removal and on the further ground that the Respondent requires supervision, treatment, or confinement; and it is therefore

ORDERED that [check applicable boxes]:

Respondent is conditionally discharged for a period of [specify]: \_\_\_\_\_ months upon the following terms and conditions [Attach additional sheets, if necessary]:

Respondent is placed on probation under the supervision of the Probation Department of the County of \_\_\_\_\_ for a period of \_\_\_\_\_ upon the following terms and conditions [Attach additional sheets, if necessary]:

**[Applicable where Respondent is directly placed with a suitable relative or other person]:**

This proceeding is continued and the Respondent is placed for a period of [specify]:  
 less the period spent in detention pending disposition<sup>3</sup> in the custody of [specify suitable relative or other person]: \_\_\_\_\_, subject to the further orders of this Court.

**[Applicable where Respondent is directly placed with a suitable relative or other person]:**

This proceeding is continued and the Respondent is placed for a period of [specify]:  
 less the period spent in detention pending disposition<sup>4</sup> in the custody of [specify suitable relative or other person]: \_\_\_\_\_, subject to the further orders of this Court.

**[REQUIRED where Respondent is placed in non-secure or limited-secure level of care]:**

This proceeding is continued and Respondent is placed in a non-secure level of care for a period of [specify period up to 12 months]: \_\_\_\_\_  less the period spent in detention pending disposition,<sup>5</sup> in the custody of the Commissioner of the [check applicable box]:

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<sup>3</sup> Applicable unless all or part of such credit would not serve the needs and best interests of the Respondent or the need for protection of the community. See F.C.A §353.3(5).

<sup>4</sup> Applicable unless all or part of such credit would not serve the needs and best interests of the Respondent or the need for protection of the community. See F.C.A §353.3(5).

[Non-NYC cases only]:  Department of Social Services of the County of [specify]:

New York State Office of Children and Family Services

[NYC cases only]:  New York City Administration for Children's Services.

This proceeding is continued and Respondent is placed in a limited secure level of care for a period of [specify period up to 12 months]:  less the period spent in detention pending disposition,<sup>6</sup> in the custody of the Commissioner of the [check applicable box]:

[Non-NYC cases only]:  New York State Office of Children and Family Services

[NYC cases only]:  New York City Administration for Children's Services.

**[NYC cases only]:** This proceeding is continued and Respondent is placed in the custody of the New York City Administration for Children's Services in a non-secure OR limited secure level of care, the level to be determined by the Commissioner, for a period of [specify period up to 12 months]:

less the period spent in detention pending disposition.<sup>7</sup>

**[NON-NYC cases only; applicable where Respondent is placed with Department of Social Services for non-secure placement in a specific agency or class of agency]:**

The position of the Commissioner of Social Services of the County of [specify]: having been considered by the Court, this proceeding is continued and Respondent is placed for a period of [specify period]:  less the period spent in detention pending disposition,<sup>8</sup> in the custody of the Commissioner of Social Services of the County of [specify]: , for non-secure placement with [specify agency or class of agency; note: if the Respondent has been found to be sexually exploited, as defined in Social Services Law §447-a, so indicate if Respondent should be placed in an available long-term safe house]: , subject to the further orders of this Court.

In the event that the Commissioner of Social Services is unable to so place the child, the Commissioner [check applicable box]:

shall  need not apply to the Court for an order to stay, modify, set aside or vacate the order pursuant to Family Court Act §355.1.

shall  need not return Respondent to this Court for a new dispositional hearing.

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<sup>5</sup> Applicable unless all or part of such credit would not serve the best interests of the Respondent or the need for protection of the community. See F.C.A. §353.3(5). Note that in all placement cases, the placement period may be tolled by reason of the Respondent's absence without leave.

<sup>6</sup> Applicable unless all or part of such credit would not serve the best interests of the Respondent or the need for protection of the community. See F.C.A. §353.3(5). Note that in all placement cases, the placement period may be tolled by reason of the Respondent's absence without leave.

<sup>7</sup> Applicable unless all or part of such credit would not serve the best interests of the Respondent or the need for protection of the community. See F.C.A. §353.3(5). Note that in all placement cases, the placement period may be tolled by reason of the Respondent's absence without leave.

<sup>8</sup> Applicable unless all or part of such credit would not serve the best interests of the Respondent or the need for protection of the community. See F.C.A. §353.3(5)



**[NYC cases only; applicable where Respondent is placed with the NYC Administration for Children's Services for non-secure or limited-secure level of care where specific services are needed; check box if applicable]:**  The Commissioner of the New York City Administration for Children's Services is directed to provide the following services, authorized or required to be made available in the approved plan for the "Close to Home" program, to meet the needs of the Respondent

[specify services; note: if the Respondent has been found to be sexually exploited, as defined in Social Services Law §447-a, so indicate if Respondent needs the services afforded by an available long-term safe house]:

**[The following two paragraphs are applicable where Respondent is placed with the New York State Office of Children and Family Services; note: in New York City cases, these paragraphs are applicable only to placements in a secure level of care]:**

This proceeding is continued and the Respondent is placed for a period of [specify]:

less the period spent in detention pending disposition,<sup>9</sup> in the custody of the New York State Office of Children and Family Services, which is authorized to place the Respondent in a [check applicable box]:

secure facility at any time or from time to time during the first 60 days of residency;<sup>10</sup>

limited secure facility **[NON-NYC cases only]:**

non-secure facility **[NON-NYC cases only]**

subject to further orders of this Court.

**[NON-NYC cases only]:** The position of the New York State Office of Children and Family Services having been considered by the Court, this proceeding is continued and the Respondent is placed for a period of [specify]:

less the period spent in detention pending disposition,<sup>11</sup> in the custody of the New York State Office of Children and Family Services for placement with [specify agency or class of agency; note: if the Respondent has been found to be sexually exploited, as defined in Social Services Law §447-a, so indicate if Respondent should be placed in an available long-term safe house ]: \_\_\_\_\_, subject to further orders of this Court. In the event that the New York State Office of Children and Family Services is unable to place the Respondent in accordance with the direction hereof, or discontinues the placement with the authorized agency, the Respondent shall be deemed to have been placed with the New York State Office of Children and Family Services pursuant to paragraph (b) or (c) of subdivision three of section 353.3 of the Family Court Act. In such cases, the New York State Office of Children and Family Services shall notify the court, Presentment Agency, counsel for the Respondent and parent or other person responsible for the Respondent's care, of the reason for discontinuing the placement with the authorized agency and the level and location of the youth's placement.

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<sup>9</sup> Applicable unless all or part of such credit would not serve the needs and best interests of the Respondent or the need for protection of the community. See F.C.A. §353.3(5).

<sup>10</sup> See F.C.A. §353.3(3)(a).

<sup>11</sup> Applicable unless all or part of such credit would not serve the needs and best interests of the Respondent or the need for protection of the community. See F.C.A. §353.3(5).

**[Optional where Respondent is placed with the New York State Office of Children and Family Services; check box if applicable]:**

The New York State Office of Children and Family Services shall photograph the Respondent pursuant to Executive Law § 507-a(3).

**[Optional where Respondent is 14 years of age or older and is placed with the New York State Office of Children and Family Services, the New York City Administration for Children's Services or Commissioner of Social Services; check box if applicable ]:**

The placement agency is directed to provide the following services determined above to be needed to assist the child to make the transition from foster care to independent living [specify]:

**[Optional where Respondent, upon adjudication for an act which, if committed by an adult, would constitute a felony, is placed with the New York State Office of Children and Family Services or the New York City Administration for Children's Services pursuant to F.C.A. §353.3(9); check box if applicable]:**

Respondent shall be confined in a residential facility for a minimum period of [specify minimum period not to exceed six months]:

**[Required where Respondent is placed with the New York City Administration for Children's Services; optional for all other placement cases; check box if applicable]:**

The placement agency is directed to provide prior notice to the Respondent, attorney for the Respondent and Respondent's parent or guardian in the event that Respondent is transferred from one facility to another, unless an immediate change of placement is necessary, in which case the notice shall be transmitted on the next business day.

**[Required where Respondent is placed with the New York State Office of Children and Family Services, the New York City Administration for Children's Services or a local social services district; check applicable boxes]:**

Respondent's parent or legal guardian was present in Court and consented to the provision of routine medical, dental and mental health services and treatment to the Respondent by the:  New York State Office of Children and Family Services  New York City Administration for Children's Services  Department of Social Services, County of [specify]: \_\_\_\_\_ ;

OR

Consent has not been obtained from Respondent's parent or legal guardian, but this Order shall be deemed to grant consent for the :  New York State Office of Children and Family Services  New York City Administration for Children's Services  Department of Social Services, County of [specify]: \_\_\_\_\_ to provide routine medical, dental and mental health services and treatment to the Respondent.

**REQUIRED Where Placement in Qualified Residential Treatment Program is Requested]:**

**Required Order if Placement in "Qualified Residential Treatment Program" is Requested [DELETE if inapplicable]:**

**after examination and inquiry into the facts and circumstances [check box if applicable]:  and after hearing the proof and testimony offered in relation thereto, it is therefore [Check applicable box(es)]:**

ORDERED, that the Petitioner's application for placement of the Respondent in the "Qualified Residential Treatment Program" is GRANTED, and placement of the Respondent in [specify name of QRTP]: \_\_\_\_\_ is hereby approved.

**OR**

ORDERED, that the Petitioner's application for placement of the Respondent in the "Qualified Residential Treatment Program" is DENIED, and on or before [specify date]: \_\_\_\_\_ the above-named Respondent shall be [check applicable box and specify]:

returned or released to the following parent [specify]: \_\_\_\_\_

returned to or placed with the following legal guardian [specify]: \_\_\_\_\_

returned to or placed with the following suitable adult/relative [specify]: \_\_\_\_\_

returned to or placed in the following foster home [specify]: \_\_\_\_\_

returned to or placed in the following facility providing supports for pre-natal, post-partum and parenting youth: (specify): \_\_\_\_\_

returned to or placed in the following residential program providing supportive services for youth suspected of being or at risk of becoming sexually exploited, as defined in Social Services Law §447-a (1) [specify]: \_\_\_\_\_

returned to or placed in an available supervised setting, as defined in Social Services Law §371, that is approved and supervised by an authorized agency or the local social services district and that provides a transitional experience for older youth in which such youth may live independently [specify]: \_\_\_\_\_

**OR**

On or before [specify date]: \_\_\_\_\_, Petitioner shall make such other arrangements for the above-named Respondent's care and welfare that is in the best interests of the child and in the most effective and least restrictive setting as the facts of the case require as follows [specify]: \_\_\_\_\_

**[Required where Respondent is placed non-securely with the Commissioner of a County Department of Social Services, the New York City Administration for Children's Services or the New York State Office of Children and Family Services, pursuant to F.C.A. §353.3 or §353.4; check box if applicable]:**

ORDERED that if the Respondent remains in foster care, the [check box]:

New York State Office of Children and Family Services;

Commissioner of Social Services of [specify]: County;

New York City Administration for Children's Services

shall file a petition for the next permanency hearing **NO LATER THAN** [specify date not less than 60 days before permanency hearing must be completed]:  
and the permanency hearing shall be completed by [specify date]:

And it is further **ORDERED** that:

Date: , .

ENTER:

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Judge of the Family Court

**PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT, AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF COURT, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE ATTORNEY FOR THE CHILD UPON THE APPELLANT, WHICHEVER IS EARLIEST.**

Check applicable box:

Order mailed on [specify date(s) and to whom mailed]:

Order received in court on [specify date(s) and to whom given]: