F.C.A. §§355, 5, 360.2, 360.3; Form 3-40

S.S.L. §§393, 409-h (Juvenile Delinquency--

Petition for Violation of Order

of Probation or Conditional

Discharge)

9/2021

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

........................................................................................

In the Matter of Docket No.

A Person Alleged to be

Juvenile Delinquent, PETITION (Violation of

Order of Probation or

Conditional Discharge)

Respondent.

........................................................................................

TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges upon information and belief that:

1. Petitioner [specify name and title]: is employed by the probation service of the County of , having its principal office at [specify address]:

.

2. a. Respondent was adjudicated by this Court to be a juvenile delinquent by an Order of Disposition of this Court, dated [specify]: , under the terms of which Respondent was [check applicable box ]: ❑ placed on probation ❑ conditionally discharged, upon the following terms and conditions:

b. The order of ❑ probation ❑ conditional discharge expires on [specify]:

3. Respondent, without just cause, has willfully violated the terms and conditions of the order in that [describe time, place and manner in which violation occurred.]:

4. [Required where placement is requested; check applicable boxes and state facts and reasons]:

a. Continuation in the Respondent’s home, or, where the Respondent was removed from the home, return to the Respondent’s home [check applicable box]:

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

This assertion is based upon the following information [check applicable box(es)]:

❑ Uniform Case Review, dated [specify]:

❑ Summary of the Uniform Case Record, dated [specify]:

❑ Service Plan, dated [specify]:

❑ Probation Department report, dated [specify]:

❑ Mental health evaluation, dated [specify]:

❑ The report of [specify]: , dated [specify]:

❑ Other [specify]:

b. Reasonable efforts, where appropriate and consistent with the protection of the community, to prevent or eliminate the need for removal of Respondent from the home, and, where the Respondent was removed from the home, to return the Respondent safely to his or her home:

❑ 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 Petitioner was not required to make reasonable efforts to reunify the Respondent with the ☐ parent(s) ☐ person(s) legally responsible [specify date of finding]:

❑ because of other reasons [specify]:

❑ were not made.

This assertion is based upon the following information [check applicable box(es)]:

❑ Uniform Case Review, dated [specify]:

❑ Summary of the Uniform Case Record, dated [specify]:

❑ Service Plan, dated [specify]:

❑ Probation Department report, dated [specify]:

❑ Mental health evaluation, dated [specify]:

❑ The report of [specify]: , dated [specify]:

❑ Other [specify]:

5. **[REQUIRED where placement in Qualified Residential Treatment Program is requested]:**

a. The permanency plan for the Respondent is [specify]: .

This plan ❑ has ❑ has not changed since the most recent dispositional or permanency hearing.

b. The needs of the Respondent require a higher level of care than can be provided by a foster or therapeutic foster home because [specify]:

c. The Respondent has been ❑ placed❑ recommended for placement in [specify name]: a qualified residential treatment program (QRTP).

d. [Applicable to requests for approval of initial placement in a QRTP]: The needs of the Respondent have been assessed by a Qualified Individual as defined in Social Services Law, Section 409-h (5) and a copy of the Qualified Individual’s report :

❑ has been submitted separately

❑ is submitted herewith

❑ will be submitted within five days of completion but not less than (10) days prior to the date of the first-scheduled hearing on this motion.

e. The following circumstances exist that necessitate the continued placement of the Respondent in the QRTP [specify]:

f. There is no alternative setting available that can meet the Respondent’s needs in a less restrictive environment because [specify]:

g. Continued placement serves the Respondent’s needs and best interests or the need for protection of the community because [specify]:

6. No previous application has been made to any court or judge for the relief herein requested (except [specify]:

).

WHEREFORE, Petitioner requests that the order of ❑ conditional discharge ❑ probation be revoked and that the Court make such other and further disposition of the Respondent under Article 3 of the Family Court Act as it may deem proper.

Dated: , .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title, Probation Service of [specify]: County

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentment Agency

VERIFICATION

(Agency)

STATE OF NEW YORK )

) ss.:

COUNTY OF )

, being duly sworn, deposes and says:

That (s) he is the of

, an agency authorized to originate the above-entitled proceeding, and is acquainted with the facts and circumstances therein; that (s(he has read the foregoing and knows that contents thereof that the same is true to (his) (her) own knowledge, except as to matters therein stated to be alleged on information belief and as to those matters (s)he believes it to be true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

Sworn to before me this

day of , .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Deputy) (Clerk of Court)

(Notary Public)