

**NOTIFICATION OF CHILD(REN)'S PARTICIPATION AT PERMANENCY HEARING**

This form shall be submitted to the Court and to the attorneys **10 days** prior to the permanency hearing.

**Title of case:** \_\_\_\_\_

**Judge, Referee or Court Part Number:** \_\_\_\_\_

**Family Unit Number(s):** \_\_\_\_\_      **Permanency Hearing Date:** \_\_\_\_\_

**Docket Number(s):** \_\_\_\_\_

The following child(ren) will participate in the permanency hearing, **in person**:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following child(ren) will participate in the permanency hearing, **by other means** [*specify: by telephone; other electronic means (if available, specify); or written statement*]:

**Name (list child's name)** \_\_\_\_\_      **Manner of participation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

After consultation with my client(s), the following child(ren) is/are waiving the right to attend the permanency hearing: [*list child(ren)*]:  
 \_\_\_\_\_

The following child(ren) [*specify*]: \_\_\_\_\_ would like to participate in the manner noted above, but is/are unavailable on the permanency hearing date for the following reason(s) [*specify*]: \_\_\_\_\_

[NOTE: Any adjournments must be requested by the Attorney for the Child in Court or in accordance with local court procedures and in all cases must be approved by the Court].

**If consultation with child(ren) did not occur, complete this section:**

The undersigned attorney for child(ren) consents to the Court conducting the permanency hearing without having consulted with [*specify child(ren)*]: \_\_\_\_\_ for the following reason(s):

the child(ren) lack(s) mental capacity to consult meaningfully with the attorney for the child and cannot understand nature and consequences of hearing as result of a significant cognitive limitation as determined by a health or mental health professional or educational professional as part of a committee on special education and such limitation is documented in the Court record or the permanency hearing report.

the undersigned has made diligent and repeated efforts to consult with child(ren), but the child(ren) was/were unreachable, unresponsive or declined to consult with the attorney for the child [*check if applicable*]:  and such unavailability is not due to the failure of the foster parent or agency to cooperate in making the child(ren) available.

the child(ren) was/were absent without leave from foster care at time consultation was attempted.

other good cause exists and cannot be alleviated in a timely manner [*specify*]: \_\_\_\_\_

**Signature - Attorney for Child**

**Contact information: Telephone:** \_\_\_\_\_

**Print Name**

**E-mail:** \_\_\_\_\_

**Date**

**TO:** *Attorneys for the parties, Court*