F.C.A.§§1091, 1091-a; Form PH-7c

S.S.L. §§393, 409-h (Affirmation in Support of Order to Show Cause by Agency to Return Youth to Foster Care)

 1/2024

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF

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In the Matter of Docket No.

AFFIRMATION IN SUPPORT OF ORDER TO SHOW CAUSE BY AGENCY TO RETURN YOUTH TO FOSTER CARE

CIN #

 A Child under 21 Years of Age

Who Was Discharged From Foster Care

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 I, [name]: , affirm the following to be true:

 1. I am [state title/position and agency]: and am making this affirmation in support of an Order to Show Cause for an order for the above-named former foster youth to return to foster care.

 2. The above-named youth, who was born on [specify date of birth]:

was discharged from foster care on [specify date]: At that time, the youth was [check applicable box]:

 ❑ 18 years of age or older and did not consent to remain in foster care.

 ❑ [specify]: \_\_\_ years of age

and was discharged to live with [specify and include relationship, if any]:

 3. The above-named youth has consented to return to foster care and has no reasonable alternative to foster care because [specify, including any relevant facts and circumstances]:

 4. [Check applicable box]:

 ❑ The youth has consented to enroll in and attend an appropriate educational or vocational program and has agreed to cooperate with referrals made to assist in enrolling in such a program.

 OR

 ❑ It would be unnecessary or inappropriate for the youth to attend an educational or vocational program because [specify]:

 5. Continuation of the above-named youth’s final discharge from foster care would be contrary to his or her best interests and return of the youth to foster care is compelled by the following reason(s) [specify]:

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

 ❑ Permanency report, sworn to on [specify date]:

 ❑ Case record, dated [specify]:

 ❑ The report of [specify]: , dated:

 ❑ Testimony of [specify]: , on [specify date]:

 ❑ Other [specify]:

 6. Reasonable efforts, where appropriate, to prevent or eliminate the need for the above-named youth to return to foster care [check applicable box and state reasons as indicated]:

 ❑ were made as follows [specify]:

 ❑ were not made, (because [specify reason if efforts would have been inappropriate]:

 ).

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

 ❑ Permanency report, sworn to on [specify date]:

 ❑ Case record, dated [specify]:

 ❑ The report of [specify]: , dated:

 ❑ Testimony of [specify]: , on [specify date]:

 ❑ Other [specify]:

 7. [Check box if applicable]: ❑ This Court should enter an order immediately returning the above-named youth to foster care pending a decision on this motion because [specify reason(s)]:

 8. **[REQUIRED if placement in Qualified Residential Treatment Program is requested**:

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

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

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

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

 d). The needs of the child have been assessed by a Qualified Individual as defined in Social Services Law §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 child in the QRTP [specify]:

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

 g).. Continued placement in the QRTP is in the child’s best interests because [specify]:

 9.The subject child ❑ is ❑ is not a Native-American child, who is subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963). If so, the following have been notified [check applicable box(es)]: ❑ parent/custodian [specify name and give notification date]:

 ❑ tribe/nation [specify name and give notification date]:

 ❑ United States Secretary of the Interior [give notification date]:

 10. No previous application has been made to any court or judge for the relief herein requested [check box if applicable]: ❑ except [specify, including any prior motions to return to foster care]:

I affirm this \_\_\_ day of \_\_\_\_\_\_, \_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, and I understand that this document may be filed in an action or proceeding in a court of law.

 WHEREFORE, I respectfully request that this Court issue an Order returning the above-named youth to foster care and for such other and further relief as it may deem proper.

Dated , .

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

 Signature of Agency Official or Caseworker

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

 Print or Type Name

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

 Signature of Attorney, if any

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 Attorney’s Name (print or type)

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 Attorney’s Address and Telephone Number