

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

A Person Alleged to be a  
Juvenile Delinquent,

Respondent.

Docket No.  
CLOSE TO HOME--  
ORDER ON PETITION TO  
TRANSFER PLACEMENT  
FROM NYC ACS TO NYS OCFS

\_\_\_\_\_  
A petition, dated the \_\_\_\_\_ day of \_\_\_\_\_, having been filed on  
behalf of the Commissioner of the New York City Administration for Children's Services (NYC  
ACS) in this Court requesting that the Court transfer custody of the above-named Respondent to  
the New York State Office of Children and Family Services (NYS OCFS) for placement in a  
secure level of care;

And notice having been duly given to Respondent, Respondent's attorney, NYS OCFS  
and [check applicable box]:  Respondent's parent(s)  the person(s) legally responsible for  
the Respondent's care pursuant to section 355.1 of the Family Court Act;

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

And counsel for Respondent having  appeared  not appeared;

And a hearing on this petition having [check applicable box]:  been  not been held;

**NOW, therefore, the Court, after examining the petition and papers filed herein**

**and after considering the testimony and evidence adduced at the hearing, if hearing was held, finds and determines that [check applicable box(es)] :**

The petition to transfer custody of the Respondent from the New York City Administration for Children’s Services to the New York State Office of Children and Family Services is **GRANTED** and Respondent is placed in the custody of the New York State Office of Children and Family Services for a secure level of care, because the Respondent has [check applicable box]:

been shown to be exceptionally dangerous to himself or herself as follows [specify]:

demonstrated by a pattern of behavior that he or she needs a more structured setting and the New York City Administration for Children’s Services has considered the appropriateness and availability of a transfer to an alternative non-secure or limited secure facility as follows [specify pattern of behavior]:

Such placement shall be for a period of [specify period remaining in Respondent’s placement]:

less the period spent in detention pending determination of this Petition or during which the placement was tolled,<sup>1</sup>

**OR**

The petition to transfer custody of the Respondent from the New York City Administration for Children’s Services to the New York State Office of Children and Family Services is **DENIED** [optional]: for the following reasons [specify]:

**AND IT IS FURTHER ORDERED THAT [check applicable box(es)]:**  
**[OPTIONAL if petition is GRANTED and Respondent is 14 years of age or older]:**

The New York State Office of Family and Children’s Services is directed to provide the following services determined to be needed to assist the child to make the transition from foster care to independent living [specify]:

**[OPTIONAL if petition is GRANTED and Respondent is placed upon adjudication for an act which, if committed by an adult, would constitute a felony]:**

Respondent shall be confined in a residential facility for a period of [specify minimum period not to exceed six months, minus the time already spent in a residential facility]:

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<sup>1</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.

**[REQUIRED if petition is GRANTED; see F.C.A. §355.4]:**

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 Family and Children’s Services;

**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 Family and Children’s Services to provide routine medical, dental and mental health services and treatment to the Respondent.

**[OPTIONAL if petition is GRANTED]:**

NYS OCFS 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.

**[OPTIONAL if petition is GRANTED]:**

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

**And it is further ORDERED that:**

Date: \_\_\_\_\_

ENTER

\_\_\_\_\_  
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]: \_\_\_\_\_