

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

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

Docket No.

A Person Alleged to be a Person in  
Need of Supervision,

PETITION  
(Extension of Placement and  
Permanency Hearing)

Respondent  
\_\_\_\_\_

**DEADLINES: THIS PETITION MUST BE FILED BY [Specify date]:<sup>1</sup> AND THE  
PERMANENCY HEARING MUST BE COMPLETED BY [Specify date]:**

TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges upon information and belief that:

1. Petitioner [specify name and title]: \_\_\_\_\_, is the [specify]:

person

official acting on behalf of an agency or institution duly authorized for the placement of  
persons in need of supervision under Article 7 of the Family Court Act.

Petitioner's  residence  principal office is located at [specify address]:

\_\_\_\_\_, New York.

2. a. Under an Order of Fact-finding and Disposition of this Court, dated \_\_\_\_\_,  
the above-named Respondent, born [specify]: \_\_\_\_\_, was adjudicated to be a person in need  
of supervision within the meaning of Article 7 of the Family Court Act, and was placed with Petitioner  
pursuant to section 756 of the Family Court Act for a period of \_\_\_\_\_ months, terminating on \_\_\_\_\_.

b. Placement was last extended on [specify date]: \_\_\_\_\_, terminating on  
[specify date]: \_\_\_\_\_.

3. A permanency hearing is required at this time because [check applicable box(es)]:

A finding by the Court that reasonable efforts to reunify the child with his or her

parent(s)  person(s) legally responsible for his or her care are not necessary was made  
on [specify date]: \_\_\_\_\_.

The last permanency hearing with respect to this child was held on [specify]: \_\_\_\_\_.

No permanency hearing has been held since the child was deemed to have entered foster care.<sup>2</sup>

4. a. The following are the names and addresses of the parents or other persons legally  
responsible for the care of the Respondent:

\_\_\_\_\_  
<sup>1</sup>The petition must be filed at least 60 days prior to the date by which the hearing must be  
completed. The date should conform to the deadline indicated on the prior Permanency Order, if any, or  
Order of Fact-finding and Disposition.

<sup>2</sup> A Respondent is deemed to have entered foster care 60 days after removal from the home.

Name

Residence

Relationship

b. In addition to the persons named in ¶a, the following individuals must be notified of this proceeding:

- Attorney for the Respondent [specify]:
- Prospective adoptive parent(s)[specify]:
- Foster parent(s)[specify]:
- Relative(s)[specify]:
- Other [specify]:

5. Return of Respondent to the home would be contrary to the Respondent’s best interests and the placement should be extended because [specify facts and reasons, including safety considerations, if any]:

This conclusion is supported by the following information [check applicable box(es)]:

- 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]:

6. a. **The permanency plan for the Respondent is as follows** [check applicable box(es) and indicate time frame(s)]:

- reunification with the  parent(s)  person(s) legally responsible for Respondent’s care by [specify date]:
- placement for adoption upon filing of a petition to terminate parental rights by [specify date]:
- referral for legal guardianship by [specify name and date]:
- permanent placement with the following fit and willing relative [specify name]: by [specify date]:
- [Applicable ONLY to Respondents who are 16 years of age or older]:** permanent placement in the following alternative planned living arrangement [specify]:

**[REQUIRED in all APPLA plan cases]:<sup>3</sup>**

(i) Documentation, made available to the Court, provides the following compelling reason(s) indicating that it would not be in the Respondent’s best interests to return home, be referred for termination of parental rights and adoption, placed with a fit and willing relative, or placed with a legal guardian [specify compelling reason(s), indicating documentary sources of information, if any]:

(ii) APPLA is the best permanency plan for the Respondent because [specify]:

(iii) The following intensive, ongoing, and, as of the date of this petition, unsuccessful efforts were made to return the Respondent home or secure a placement for the Respondent with a fit and

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<sup>3</sup> Although applicable to all youth in care, the requirement for documentation regarding subparagraphs (v) and (vi) to be submitted to the Court applies only to youth with APPLA goals.

willing relative, including adult siblings, a legal guardian, or an adoptive parent, including through efforts that utilize search technology including social media to find biological family members of Respondent [specify]:

(iv) The following individual, with whom Respondent has a significant connection, is willing and should be designated as the Respondent's permanency resource [specify]:

(v) The "reasonable and prudent parent" standard of care has been applied to Respondent in the facility or home in which he or she resides as follows [specify]:

(vi) Respondent has been provided with regular, ongoing opportunities to engage in age or developmentally appropriate activities and has been consulted in an age-appropriate manner about the opportunities to participate in activities as follows [specify]:

**b. This permanency plan** [check applicable box]:

- has not changed since the dispositional hearing or last permanency hearing;
- has changed as follows [specify, indicating documentary sources of information, if any]:

**c. This permanency plan is appropriate without modification because** [specify reasons, indicating documentary sources of information, if any]:

**d. The service plan for the Respondent is appropriate without modification because** [specify reasons, indicating documentary sources of information, if any]:

7. a. 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. §754(2) that the authorized agency was not required to make reasonable efforts to reunify the Respondent with the
    - parent(s)
    - person(s) legally responsible for Respondent's care [specify date of finding]:
  - because of other reasons [specify other reasons, indicating documentary sources of information, if any]:
- were not made.

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

- 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. [Required 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 permanency plan of [specify]:

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

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

- 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]:

c. The following impediments exist, if any, to the fulfillment of the Respondent's permanency plan [specify, indicating documentary sources of information, if any]:

8. [Required in cases where the Respondent has attained the age of 16]: The following special circumstances warrant continued placement of the Respondent [specify]:

9. [Required in cases where the Respondent has attained the age of 14]: The services needed, if any, to assist the child to make the transition from foster care to independent living are [specify]:

- a. These services are being provided as follows [specify]:
- b. These services are not being provided for the following reasons [specify, indicating documentary sources of information, if any; if no services are needed, so indicate]:

10. [Required where the Respondent has been placed out-of-state] The placement of the Respondent at [specify]: [check applicable box]:  
 continues to be  is not appropriate and in the child's best interests because [specify, indicating documentary sources of information, if any]:

11. a. The visitation plan, if any, for the Respondent and the  parent(s)  other person(s) legally responsible for Respondent's care is as follows [describe plan(s); if visitation is supervised, so state]:

b. The visitation plan, if any, for the child and the child's sibling(s) or half-sibling(s) is as follows [describe plan(s)]:

12. [Applicable where the Respondent has been in foster care for 15 out of the most recent 22 months]: A termination of parental rights petition:

was filed on [specify date]: in [specify court]:

The status of the case is as follows [specify]:

will be filed not later than [specify date]: in [specify court]:

will not be filed for the following reason(s) [check applicable box(es) and cite documentary sources of information, if any]:<sup>4</sup>

The Respondent is being cared for by a relative or relatives;

The authorized agency has documented the following compelling reason for not filing a termination of parental rights petition:

The Respondent was placed as a person in need of supervision and the following facts and circumstances support a permanency plan of :  return to the parent(s) or other person(s) legally responsible for the Respondent's care, or  independent living: [specify facts and circumstances, citing documentary sources, if any]:

The Respondent has a permanency plan other than adoption;

The Respondent is 14 years of age or older and will not consent to adoption;

There are insufficient grounds for filing a termination petition;

The Respondent is the subject of a pending child abuse or neglect petition that has not yet reached disposition and the permanency plan is return to the parent(s) or other person(s) legally responsible for the Respondent's care.<sup>5</sup>

The authorized agency has not provided the following legally required services to the parent(s) of the Respondent that it deems necessary for the safe return of the Respondent [specify, citing documentary sources, if any]:

13. The Respondent has the following conditions and special needs [specify]:

<u>Area</u>	<u>Conditions/Special Needs</u>	<u>Services Needed</u>	<u>Services Provided</u>	<u>Last Evaluation</u>
<input type="checkbox"/> Medical				
<input type="checkbox"/> Developmental				
<input type="checkbox"/> Educational				
<input type="checkbox"/> Mental Health				
<input type="checkbox"/> Other [specify]:				

<sup>4</sup> See Social Services Law §§384-b(3)(1)(i), 384-b(3)(1)(ii).

<sup>5</sup> This ground does not apply if the Respondent is already in the custody of the local commissioner of social services as a result of a proceeding other than the pending child abuse or neglect proceeding. See Social Services Law §§384-b(3)(1)(ii)(E).



day of

\_\_\_\_\_  
(Deputy) (Clerk of the Court)  
(Notary Public)

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 thereof; that the same is true to (his)(her) own knowledge, except as to matters therein stated to  
be alleged on information and belief and as to those matters (s)he believes it to be true.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Sworn to before me this  
day of           ,    .

\_\_\_\_\_  
(Deputy) (Clerk of the Court)  
(Notary Public)