IN THE DISTRICT COURT IN AND FOR TULSA COUNTY

STATE OF OKLAHOMA

JUVENILE DIVISION

IN THE MATTER OF: )

)

\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_ ) Case No. JD-\_\_\_\_-\_\_\_

\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_ ) Judge \_\_\_\_\_\_\_\_\_\_

) Docket \_\_

Child(ren) under 18 years of age. )

# MOTION FOR REDISPOSITION

COMES NOW [Name], attorney for [Client’s Name], pursuant to *Okla. Stat.* 10A, §1-4-803, requests this Honorable Court {terminate trial reunification with [Natural Parents’ Names]} or {disapprove the Department of Human Services’ foster placement of [Client’s Name]} and {pursuant to *Okla. Stat*.10A, § 1-4-707(A)(2)(a) place temporary custody with [Proposed Family Placement]} or {pursuant to *Okla. Stat.* 10A, § 1-4-707(A)(4) place temporary custody with the Department of Human Services}.

{Trial reunification was requested by the Department of Human Services [with/without] objection by the parties and was court ordered to begin on [Date]. The child’s request to terminate trial reunification is based upon the following information:} or {The Department of Human Services placed the minor child in the foster home of [Name of Foster Parents] on or about [Date] and the child’s request to disapprove this placement is based upon the following information:}

[Explanation]

Therefore, pursuant to *Okla. Stat.* 10A, § 1-4-803 the child requests this Court {terminate trial reunification as it is contrary to the health, safety, and welfare of the child and is no longer in the child’s best interest} or {disapprove the foster placement as it is contrary to the health, safety, and welfare of the child and is no longer in the child’s best interest.} The child further requests they be placed in the temporary custody of {[Proposed Family Placement] pursuant to *Okla. Stat.* 10A, § 1-4-707(A)(2)(a)} or {the Department of Human Services pursuant to *Okla. Stat.* 10A, § 1-4-707(A)(4)}

WHEREFORE, the child requests that this court grant the child’s motionfor redisposition and grant {[Proposed Family Member]} or {the Department of Humans Services} temporary custody of the child.

Respectfully submitted,

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name], OBA # \_\_\_\_\_\_\_\_\_\_\_

[Address]

[Address]

[Phone]

**CERTIFICATE OF MAILING AND/OR DELIVERY**

I, the undersigned, do hereby certify that on the date of filing, I hand delivered, mailed, or faxed a true and correct copy of the above and foregoing Motion for Redisposition to the attorneys for all parties:

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

[Name], OBA# \_\_\_\_\_\_\_\_\_\_\_\_\_