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 SIBLING SEPARATION**

COME(S) NOW, the minor child(ren), [Client’s names], by and through [his/her] attorney, [Name], and pursuant to *Okla. Stat.* tit., 10A § 1-4-204(A)(3) requests this court enter an order allowing for separation of siblings as it is in the children’s best interests

Pursuant to § 1-4-204(A)(3), this Court is permitted to grant sibling separation when placement of siblings together would be contrary to the safety or well-being of any of the siblings and

1. one sibling has resided in a foster family home for six (6) or more months and has established a relationship with the foster family,
2. the siblings have never resided in the same home together,
3. there is no established relationship between the siblings, or
4. it is in the best interests of the child to remain in the current foster family home placement.

[Explanation of Facts Fulfilling These Elements]

WHEREFORE, [Client’s names] request this court consider the above facts and circumstances and order sibling separation.

Respectfully submitted,

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name]

[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 Sibling Separation to the attorneys for all parties:

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

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

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) Docket \_\_

Child(ren) under 18 years of age. )

**NOTICE OF HEARING**

**TAKE NOTICE,** that upon the request of the Minor Child(ren), Judge [Judge’s Name] has scheduled a hearing in the above-styled and numbered matter on the \_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_, at the hour of \_\_\_\_\_\_\_\_ o’clock \_\_\_\_. m., at the Tulsa County Juvenile Court, 315 S. Gilcrease Museum Road, Tulsa, OK 74127, at which time a Motion to for Sibling Separation will be heard.

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

Judge [Judge’s Name]

Signed \_\_\_/\_\_\_/\_\_\_

**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 Notice of Hearing to the attorneys for all parties:

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

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