

Juvenile Deprived Legal - Online Resource

Agenda – Table of Contents

May 29, 2020, at 12:00 pm

- | | |
|---|-----------------------|
| 1. Introduction | 12:00 to 12:05 |
| 2. How to Register | 12:05 to 12:15 |
| a. Explanation Handout | |
| 3. Explanation of Resources | 12:15 to 12:55 |
| a. Client Visitation - importance | |
| i. Client Visit Template | |
| ii. Client Memo Template | |
| iii. Foster Parent – Initial Contact Form | |
| b. Ethics – Representing Children | |
| c. Procedures | |
| i. Adjudication/Disposition Hearings | |
| ii. Permanency Hearings | |
| iii. Minor In Need of Treatment | |
| 1. Emergency | |
| 2. Non-Emergency | |
| iv. Appellate Work | |
| d. Indian Child Welfare Act – WIP | |
| e. Filings | |
| i. Initial | |
| ii. Procedural | |
| iii. Trial | |
| iv. Trial | |
| v. Termination | |
| vi. 10A Guardianship | |
| vii. Appellate | |
| f. Research | |
| i. Starting Point | |
| g. Service Providers | |
| 4. Conclusion - Evaluation | 12:55 to 1:00 |

CLIENT MEETING MEMO

CASE NAME: _____ CASE NUMBER: _____

ATTORNEY _____

CLIENT'S NAME: _____ AGE _____

OBSERVATIONS OF CLIENT

DATE OF MEETING: _____

LOCATION OF MEETING: _____

IMPORTANT INFORMATION TO DISCUSS WITH CLIENT:

- Attorney client relationship
 - You are the boss (clarify this is limited to the case and how they want you to proceed)
- Attorney client privilege
 - I can't tell other people what you tell me unless you say I can.
 - May I tell the Judge you want:

- Exception to attorney client privilege (client is being hurt, hurting others, or hurting themselves, or if they tell you they are going to commit a crime)
 - If anyone hurts you I have to tell someone. Do you understand why?
 - Your safety comes first.
- Client's understanding of the situation/removal – if age appropriate
 - Do you know why you live here?
 - What do you like about living here?
- Client's feelings about the current situation/placement
- Role of other parties (DHS worker, CASA, attorneys for parents)
 - A lot of people want you to be safe and happy
 - A lot of people want you to get help if you need it
- The role of the judge (they are the decision maker – not you, not DHS, and not even mom and dad)
- Next court date _____

- Is there anything else you want the judge to know about you and how you feel?
- Identity siblings
 - Do you have brothers and sisters
 - How many
 - Do you know their names
 - Who is your favorite?
 - Why do you like
- Identify other members of their family and community that are important to client (grandparents, coaches, clergy, family friends, pets etc.)
- Explain how you intend to proceed given the information you have received – including the requests you will make. Make sure your client agrees with this course of action.
- Explain the likely outcome of the hearing

CLIENT PREFERENCES

- Placement
 - 1 _____
 - 2 _____
 - 3 _____
- Visitation with parents: _____
- Visitation with siblings: _____
- Visitation with family/friends: _____
- Medications: _____
- Therapist(s): _____
- Other issues: _____
- _____
- _____
- _____

RELATIVES//SIGNIFICANT PEOPLE IN CHILD’S LIFE

New Client Visitation Checklist

- | | |
|--|------------------------|
| <input type="checkbox"/> 1. Review File | Date Received: _____ |
| <input type="checkbox"/> 2. Contact Social Worker | Date of Contact: _____ |
| <input type="checkbox"/> 3. Update Case Notes | Date of Update: _____ |
| <input type="checkbox"/> 4. File Entry of Appearance | Date of EOA: _____ |
| <input type="checkbox"/> 5. Set up Client Visit | Date of Visit: _____ |

| | Observed | Status | NOTES |
|--------------------------|---|--------|-------|
| <input type="checkbox"/> | House | | |
| <input type="checkbox"/> | Yard | | |
| <input type="checkbox"/> | Room | | |
| <input type="checkbox"/> | Bed | | |
| <input type="checkbox"/> | Sheets | | |
| <input type="checkbox"/> | Kitchen | | |
| <input type="checkbox"/> | Bathroom | | |
| <input type="checkbox"/> | Appearance of Child | | |
| <input type="checkbox"/> | Clothes | | |
| <input type="checkbox"/> | Shoes | | |
| <input type="checkbox"/> | Car | | |
| <input type="checkbox"/> | Car Seat | | |
| <input type="checkbox"/> | MC Interaction w/ FPs | | |
| <input type="checkbox"/> | MC Interaction w/ other children in home | | |

New Client Visitation Checklist

6. Can the client communicate their wishes?

7. Can the client understand the nature of the proceedings?

8. Can the client express their desire concerning the proceeding with some degree of clarity?

9. Does the client understand the consequences of the desired course of action?

10. Is the client being improperly influenced by adults?

11. Is the client being improperly influenced by me?

12. Does the client need a CASA?

13. Who is the client visiting? How often? Results? What does the client want?

14. Based on the client's needs, are there any additional issues to be addressed?

15. What is the Permanency Plan requested by the client?

16. Is DHS addressing your client's medical, educational, mental health, etc. needs?

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:)

_____: _____)
_____: _____)

Child(ren) under 18 years of age.)

Case No. JD- ____ - ____
Judge _____
Docket __

**MOTION FOR ORDER ALLOWING ATTORNEY FOR MINOR CHILD(REN)
ACCESS TO [HIS/HER] CLIENT(S) AND TO COMMUNICATE WITH NATURAL
PARENTS**

COME NOW the minor child(ren), by and through their attorney, [Name], and respectfully request(s) this Court enter an Order allowing the attorney for the minor child(ren) to have access to [his/her] client(s) while in the care and custody of the natural parents.

Attorneys have an ethical duty to promptly and regularly meet with their client to consult on the client's objectives and keep them informed regarding the case (Oklahoma Rules of Professional Conduct Rule 1.4) and when the client is a minor child, the attorney has a further duty to investigate their client's capacity and competency regarding any number of issues throughout the life of a case. (Oklahoma Rules of Professional Conduct Rule 1.14). Attorneys for minor children are additionally required to assess their client's needs and interests by observing the living situation of the minor child. (ABA Model Act Act Governing the Representation of Children in Abuse, Neglect, and Dependency Proceedings Section 7(d) Commentary).

These ethical responsibilities may be hampered purposefully or inadvertently in deprived cases when children are in the physical custody of the natural parents (generally represented parties). Per Oklahoma Rules of Professional Conduct Rule 4.2, an attorney "shall not communicate about the subject of the representation with a person the lawyer knows to be

represented by another lawyer in the matter, unless the lawyer has the consent of the other lawyer or is authorized to do so by law or a court order.”

In an effort to avoid objections and undue delays to counsel having access to [his/her] clients, the attorney for the minor children hereby requests a court order permitting counsel access to the minor child(ren), to include: permitting communication between their counsel and their natural parents to set visitations; discussing the development and well-being of the minor child(ren); and observing the interactions of natural parents and the minor child(ren) while the child(ren) remain in the physical custody of the natural parents.

WHEREFORE, premises considered, the minor child(ren) pray that this Court grant the requested order in the above case.

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 to current attorneys for all parties:

[Name], OBA # _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:

_____: _____
_____: _____

Child(ren) under 18 years of age.

)
)
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)

Case No. JD- ____ - ____
Judge _____
Docket ____

**ORDER ALLOWING ATTORNEY FOR MINOR CHILD(REN) ACCESS TO
[HIS/HER] CLIENT(S) AND TO COMMUNICATE WITH NATURAL PARENTS**

NOW, on the ___th day of _____, 20__, the Court upon consideration of the minor child(ren)'s motion FINDS, ORDERS, ADJUDGES AND DECREES:

Pursuant to Oklahoma Rules of Professional Conduct Rule 4.2, in an effort to avoid undue delays while the minor child(ren) remain in the physical custody of the natural parents, the attorney for the minor child(ren) is hereby permitted access to the minor children, to include: communication between their counsel and their natural parents to set visitations; discussion of the development and well-being of the minor children; and observation of the interactions of natural parents and the minor children.

Dated this ___ day of _____, 20__

Judge [Judge's Name]
Signed ___/___/___

CERTIFICATE OF MAILING

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 Order to current attorneys for all parties:

[Name], OBA# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:)

_____: _____)
_____: _____)

Child(ren) under 18 years of age.)

Case No. JD-____-____
Judge _____
Docket ____

MOTION TO SUSPEND VISITATION

COMES NOW the Minor Child(ren), [Client's name], by and through [his/her] attorney, [Name], and moves this court for an order, pursuant to *Okla. Stat. tit.* 10A, § 1-4-704(E)(9)(g), suspending all visitation between [Natural Mother/Father], [Natural Mother/Father's name], and the Minor Child(ren), [Client's name]. In support of the Motion, the Minor Child(ren) state(s) as follows:

[Explanation]

WHEREFORE, premises considered, the Minor Child prays that this Court find that visitation would be harmful to the child(ren) and suspend all visitation between [Natural Mother/Father], [Natural Mother/Father's name], and the minor child(ren), [Client's name].

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 to Suspend Visitation to the attorney for all parties:

[Name], OBA# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:

_____: _____
_____: _____

Child(ren) under 18 years of age.

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Case No. JD-____ - ____
Judge _____
Docket ____

EMERGENCY ORDER TEMPORARILY SUSPENDING VISITATION

On the motion of the Minor Child(ren), [Client's name], by and through [his/her] attorney, [Name], the Court hereby temporarily suspends visitation between [Natural Mother/Father], [Natural Mother/Father's name], and the minor child(ren), [Client's name]. This Order shall remain in effect until a full hearing can be completed, which is currently scheduled for _____, 20 __, at _____ a.m./p.m.

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 Emergency Order to the attorneys for all parties:

[Name], OBA# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:

_____: _____
_____: _____

Child(ren) under 18 years of age.

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Case No. JD- ____ - ____
Judge _____
Docket ____

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 Suspend Visitation 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# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:

_____: _____
_____: _____

Child(ren) under 18 years of age.

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Case No. JD-____-____
Judge _____
Docket __

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 motion for redispotion 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# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:

_____: _____
_____: _____

Child(ren) under 18 years of age.

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Case No. JD-____-____
Judge _____
Docket ____

OBJECTION TO REMOVAL

COMES NOW the minor child(ren), [Client's name], by and through [his/her] attorney, [Name], and, pursuant to *Okla. Stat.* tit. 10A, § 1-4-8059(c)(4), objects to the removal of [Client's name] from the foster placement with [Foster Placement's Name], and requests that an informal placement hearing be scheduled.

{The Department of Human Services provided appropriate notice that the minor child will be removed from the care of [Foster Placement's Name] on or about [Date]} or {The Department of Human Services removed the minor child from the care of [Foster Placement's Name] without notice due to a perceived emergency on or about [Date]}. This objection is filed within five (5) judicial days of receiving notice of the change of placement. Upon information and believe removal of the minor child(ren) from this placement was arbitrary, inconsistent with the child(ren)'s permanency plan, and was not the in the best interests of the child(ren).

WHEREFORE, the minor child(ren) requests the Court enter an order setting an informal placement hearing.

Dated this ____ day of _____, 20____

Respectfully submitted,

By: _____
[Name]
[Address]
[Address]

[Phone]

CERTIFICATE OF SERVICE

I hereby certify that on the filing date, I hand delivered, mailed by U.S. Mail, first class, or hand delivered to the conflict defender delivery box established at the Tulsa County Juvenile Bureau, a true and correct copy of this Objection to Removal to the following counsel of record:

[Name], OBA# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:

_____:_____
_____:_____

Child(ren) under 18 years of age.

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)

Case No. JD- ____ - ____
Judge _____
Docket __

**ORDER SETTING HEARING ON
OBJECTION TO REMOVAL**

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 an Objection to Removal will be heard.

Judge [Judge's Name]
Signed ____/____/____

CERTIFICATE OF SERVICE

I hereby certify that on the filing date, I hand delivered, mailed by U.S. Mail, first class, or hand delivered to the conflict defender delivery box established at the Tulsa County Juvenile Bureau, a true and correct copy of this Order Setting Hearing to the following counsel of record:

[Name], OBA# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:)
)
_____: _____)
_____: _____)
Child(ren) under 18 years of age.)

Case No. JD-____-____
Judge _____
Docket __

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

- (a) one sibling has resided in a foster family home for six (6) or more months and has established a relationship with the foster family,
- (b) the siblings have never resided in the same home together,
- (c) there is no established relationship between the siblings, or
- (d) 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# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:)

_____ : _____)

_____ : _____)

Child(ren) under 18 years of age.)

Case No. JD- ____ - ____

Judge _____

Docket __

MOTION TO DEVIATE FROM INDIAN CHILD WELFARE ACT
PLACEMENT PREFERENCES

COME(S) NOW the minor child(ren), [Client's name], by and through [his/her] attorney, [Name], and move(s) this Court to find there is good cause to deviate from the placement preferences under the Indian Child Welfare Act, 25 U.S.C. §1915(b), which requires, absent "good cause" that the minor child be placed in an ICWA compliant home. Good Cause to deviate from the ICWA placement preferences exists due to {the request of one or both of the Natural Parents who have attested that they have reviewed the placement options that comply with the order of preference} and/or {the request of the child(ren) who are of sufficient age and capacity to understand the decision that is being made} and/or {the extraordinary physical, mental, or emotional needs of the child(ren), such as specialized treatment services that may be unavailable in the community where families who meet the placement preferences live} and/or {the unavailability of a suitable placement after a diligent search was conducted to find suitable placements}. See 25 C.F.R. 23.132 (2016).

WHEREFORE, the minor child(ren), [Client's name], ask(s) this court to grant [his/her] request to deviate from the ICWA placement preferences and allow [him/her] to remain in [his/her] current foster placement based on the above stated good cause.

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 to Deviate From Indian Child Welfare Act Placement Preferences to the attorneys for all parties:

[Name], OBA# _____

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:

_____: _____
_____: _____

Children under 18 years of age.
To-wit: D.O.B. __-__-____; __-__-____

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)
)

Case No. JD-____-____
Judge _____
Docket __

MOTION TO ALLOW CHILD WITNESS TESTIMONY
BY AN ALTERNATIVE METHOD

COMES NOW, [Name], attorney for the minor child, [Client's Name], and respectfully moves the Court for an order allowing a child witness to testify by an alternative method as prescribed by Okla. Stat. tit. 12, § 2611.9 or Okla. Stat. tit. 10A § 1-4-506.

To protect the well-being of [Client's Name] and to foster [Client's Name]'s ability to communicate with the finder of fact, it is necessary to allow [Client's Name] to testify other than face-to-face with the respondents, natural [mother/father/parent], [Natural Mother/Father/Parents' Name]. Okla. Stat. tit. 12, § 2611.7(C).

[Explain].

{The above named witness [is being/may be] compelled to testify by the natural [father/mother/parents] and actions should be taken to protect this minor child from any additional trauma associated with testimony.} or {The minor child is material to the prosecution of this case and the testimony of the minor child is material to the issues in the trial thereof.}

Respectfully submitted,

By:

[Name], OBA# _____
[Address]
[Address]
[Phone Number]

CERTIFICATE OF SERVICE

I hereby certify that on the filing date, a copy of the foregoing Motion was hand delivered or mailed or faxed to the following:

[Name]

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:)

_____ : _____)

_____ : _____)

Children under 18 years of age.)

To-wit: D.O.B. ___-___-___; ___-___-___)

Case No. JD- ___-___-___
Judge _____
Docket ___

**NOTICE OF INTENT TO OFFER HEARSAY STATEMENTS OF CHILDREN
UNDER THE AGE OF TWELVE YEARS OF AGE**

COMES NOW the Minor Child, [Client,s Name], by and through their attorney of record, [Name], and gives notice to all parties, pursuant to 12 Okla. Stat. § 2803.1(B), of their intention to offer into evidence hearsay statements at the trial of this matter. This Notice is without prejudice to any rule of evidence, other than §2803.1(B), which would make the statements admissible. The child was under twelve years of age when the statements were made. The hearsay statements describe an act or acts of [sexual abuse/physical abuse] against the child. The child is expected to testify at trial or to be available to testify at trial; however, the child may be unavailable to testify at trial. The particulars of the hearsay statements that will be offered are as follows:

1. [Name of Witness], [Date of Child Disclosure], [Circumstances of Disclosure]
[Expected Testimony].

Respectfully submitted,

By:

[Name], OBA# _____
[Address]
[Address]
[Phone Number]

CERTIFICATE OF SERVICE

I hereby certify that on the filing date, a copy of the foregoing Notice was hand delivered or mailed or faxed to the following:

[Name]

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:)

_____: _____)
_____: _____)

Children under 18 years of age.)

To-wit: D.O.B. __-__-____; __-__-____)

Case No. JD-____-____
Judge _____
Docket __

**MOTION TO TERMINATE PARENTAL RIGHTS OF [Natural Mother/Father's Name]
TO THE MINOR CHILDREN, [Clients' Names]**

COMES NOW the Minor Children, [Clients' Names], by and through their attorney of record, [Name], and hereby move to terminate the parental rights of [Natural Mother/Father's Name] pursuant to 10A Okla. Stat. § 1-4-904. In support of this Motion, the Minor Children state as follows:

1. [Natural Mother/Father's Name] is the natural [mother/father] of [Clients' Names], minor children adjudicated to be deprived children on [Adjudication Date]. As a result of that adjudication, the children have been placed in custody outside of the home of the natural [mother/father].

2. The Minor Children's request to terminate the parental rights of [Natural Mother/Father's Name] to [Clients' Names] is based on the following grounds:

A. [Natural Mother/Father's Name] has abandoned the children. (10A Okla. Stat. §1-4-904(B)(2)).

B. [Client's Name] is an abandoned infant. (10A Okla. Stat. § 1-4-904(B)(3)).

C. The natural [mother/father] was permitted a period of time not less than three months to correct the conditions of [list conditions] and has failed to do so. (10A Okla. Stat. § 1-4-904(B)(5)). A Court-ordered individualized service plan to assist in correcting these conditions was provided to natural [mother/father] at the dispositional hearing held on [Date of Disposition].

D. The parental rights of [Natural Mother/Father's Name] have been terminated to another child, and [Natural Mother/Father's Name] has failed to correct the conditions of [list conditions] which led to the termination of [Natural Mother/Father's Name]'s parental rights to that other child. (10A Okla. Stat. § 1-4-904(B)(6)).

E. [Natural Mother/Father's Name] has, for six of the most recent twelve months, willfully failed, refused, or neglected to contribute to the support of the children. (10A Okla. Stat. § 1-4-904(B)(7)).

F. [Natural Mother/Father's Name] has been convicted of {(a) permitting a child to participate in pornography} or {(b) rape or rape by instrumentation} or {(c) lewd molestation of a child under sixteen years of age} or {(d) child abuse or neglect} or {(e) enabling child abuse or neglect} or {(f) causing the death of a child as a result of the physical or sexual abuse or chronic abuse or chronic neglect of the child} or {(g) causing the death of a sibling of the child as a result of the physical or sexual abuse or chronic abuse or chronic neglect of the child's sibling} or {(h) murder of any child or aiding or abetting, attempting, conspiring, or soliciting to commit murder of any child} or {(i) voluntary manslaughter of any child} or {(j) a felony assault that has resulted in serious bodily injury to the child or another child of the parents} or {(k) murder or voluntary manslaughter of the child's parent or aiding or abetting, attempting, conspiring, or soliciting to commit murder of the child's parent}. (10A Okla. Stat. §1-4-904(B)(8)).

G. [Natural Mother/Father's Name] has abused or neglected the children or a sibling of the children or failed to protect the children or a sibling of the children from abuse or neglect that is heinous and shocking, (10A Okla. Stat. § 1-4-904(B)(9)).

H. [Natural Mother/Father's Name] has previously abused or neglected the children or a sibling of the children or failed to protect the children or sibling of the children from abuse or neglect, and the children or sibling of the children have been subjected to subsequent abuse. (10A Okla. Stat. § 1-4-904(B)(10)).

I. [Client's Name] was conceived as a result of a rape perpetrated by [Natural Mother/Father's Name]. (10A Okla. Stat. § 1-4-904 (B)(11)).

J. [Natural Mother/Father's Name] is incarcerated and the continuation of parental rights would result in harm to the children. (10A Okla. Stat. § 1-4-904 (B)(12)).

K. [Natural Mother/Father's Name] has a diagnosed cognitive disorder, an extreme physical incapacity, or a medical condition, including behavioral health, which renders [Natural Mother/Father's Name] incapable or adequately and appropriately exercising parental rights, duties, and responsibilities within a reasonable time considering the age of the children and allowing the parent to have custody would cause the children actual harm or harm in the near future. (10A Okla. Stat. § 1-4-904 (B)(13)).

L. The condition(s) that led to the deprived adjudication of this child, [list conditions] have been the subject of a previous deprived adjudication of this child or a sibling of this child, and [Natural Mother/Father's Name] was been given an opportunity to correct the conditions which led to the determination of the initial deprived child. (10A Okla. Stat. § 1-4-904(B)(14)).

M. There exists a substantial erosion of the relationship between [Natural Mother/Father's Name] and [Clients' Names] caused at least in part by {the parent's serious or aggravated neglect of [Clients' Names]} or {physical or sexual abuse or sexual exploitation of [Clients' Names]} or {a prolonged and unreasonable absence of [Natural Mother/Father's Name] from [Clients' Names]} or {an unreasonable failure by [Natural Mother/Father's Name] to visit or communicate in a meaningful way with [Clients' Names]}. (10A Okla. Stat. § 1-4-904(B)(15)).

N. [Clients' Names] were four years of age or older at the time of placement in foster care by the Department of Human Services, has been in foster care for fifteen of

the most recent twenty-two months, and cannot, at the time of the filing of this motion, be safely returned to the home of [Natural Mother/Father's Name]. (10A Okla. Stat. § 1-4-904(B)(16)).

O. [Clients' Names] were younger than four years of age at the time of placement in foster care by the Department of Human Services, has been in foster care for six of the most recent twelve months, and cannot be safely returned to the home of [Natural Mother/Father's Name]. (10A Okla. Stat. § 1-4-904(B)(17)).

3. It is in the best interest of the children to terminate the parental rights of [Natural Mother/Father's Name] to [Clients' Names].

4. Active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the removal of the child from the home, and these efforts have proved unsuccessful.

5. [Natural Mother/Father's Name] is hereby notified by service of a copy of this Motion that your failure to personally appear at the hearing or trial on this Motion on date and time specified by the court shall constitute consent to the termination of your parental rights of this child or children. If you fail to appear on the date and time specified by the Court, you will lose all legal rights to the children named in this Motion.

WHEREFORE the Minor Children request the Court to terminate permanently all parental rights of [Natural Mother/Father's Name] to [Clients' Names], and further to place the children in the permanent custody of the Oklahoma Department of Human Services with the right and authority to plan for the future well-being of the children and place the children for adoption.

Respectfully submitted,

By: _____
[Name], OBA# _____
[Address]
[Address]
[Phone]

CERTIFICATE OF MAILING

I hereby certify that on the filing date, I mailed with sufficient postage affixed, or hand delivered to the conflict defender delivery box established at the Tulsa County Juvenile Bureau, a true and correct copy of the above motion to:

[Name]

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

| | | |
|---|---|-----------------------|
| IN THE MATTER OF: |) | |
| |) | |
| _____: |) | Case No. JD-____-____ |
| _____: |) | Judge _____ |
| |) | Docket ____ |
| Children under 18 years of age. |) | |
| To-wit: D.O.B. ____-__-____; ____-__-____ |) | |

**MOTION TO TERMINATE PARENTAL RIGHTS OF [Natural Mother/Father's Name]
TO THE MINOR CHILDREN, [Clients' Names]**

COMES NOW the Minor Children, [Clients' Names], by and through their attorney of record, [Name], and hereby move to terminate the parental rights of [Natural Mother/Father's Name] pursuant to 10A Okla. Stat. § 1-4-904. In support of this Motion, the Minor Children state as follows:

1. [Natural Mother/Father's Name] is the natural [mother/father] of [Clients' Names], minor children adjudicated to be deprived children on [Adjudication Date]. As a result of that adjudication, the children have been placed in custody outside of the home of the natural [mother/father]
2. The Minor Children's request to terminate the parental rights of [Natural Mother/Father's Name] to [Clients' Names] is based on the following grounds:
 - A. [Natural Mother/Father's Name] has abandoned the children. (10A Okla. Stat. §1-4-904(B)(2)).
 - B. [Client's Name] is an abandoned infant. (10A Okla. Stat. § 1-4-904(B)(3)).
 - C. The natural [mother/father] was permitted a period of time not less than three months to correct the conditions of [list conditions] and has failed to do so. (10A Okla. Stat. § 1-4-904(B)(5)). A Court-ordered individualized service plan to assist in correcting these conditions was provided to natural [mother/father] at the dispositional hearing held on [Date of Disposition].
 - D. The parental rights of [Natural Mother/Father's Name] have been terminated to another child, and [Natural Mother/Father's Name] has failed to correct the conditions of [list conditions] which led to the termination of [Natural Mother/Father's Name]'s parental rights to that other child. (10A Okla. Stat. § 1-4-904(B)(6)).
 - E. [Natural Mother/Father's Name] has, for six of the most recent twelve months, willfully failed, refused, or neglected to contribute to the support of the children. (10A Okla. Stat. § 1-4-904(B)(7)).

F. [Natural Mother/Father's Name] has been convicted of {(a) permitting a child to participate in pornography} or {(b) rape or rape by instrumentation} or {(c) lewd molestation of a child under sixteen years of age} or {(d) child abuse or neglect} or {(e) enabling child abuse or neglect} or {(f) causing the death of a child as a result of the physical or sexual abuse or chronic abuse or chronic neglect of the child} or {(g) causing the death of a sibling of the child as a result of the physical or sexual abuse or chronic abuse or chronic neglect of the child's sibling} or {(h) murder of any child or aiding or abetting, attempting, conspiring, or soliciting to commit murder of any child} or {(i) voluntary manslaughter of any child} or {(j) a felony assault that has resulted in serious bodily injury to the child or another child of the parents} or {(k) murder or voluntary manslaughter of the child's parent or aiding or abetting, attempting, conspiring, or soliciting to commit murder of the child's parent}. (10A Okla. Stat. §1-4-904(B)(8)).

G. [Natural Mother/Father's Name] has abused or neglected the children or a sibling of the children or failed to protect the children or a sibling of the children from abuse or neglect that is heinous and shocking, (10A Okla. Stat. § 1-4-904(B)(9)).

H. [Natural Mother/Father's Name] has previously abused or neglected the children or a sibling of the children or failed to protect the children or sibling of the children from abuse or neglect, and the children or sibling of the children have been subjected to subsequent abuse. (10A Okla. Stat. § 1-4-904(B)(10)).

I. [Client's Name] was conceived as a result of a rape perpetrated by [Natural Mother/Father's Name]. (10A Okla. Stat. § 1-4-904 (B)(11)).

J. [Natural Mother/Father's Name] is incarcerated and the continuation of parental rights would result in harm to the children. (10A Okla. Stat. § 1-4-904 (B)(12)).

K. [Natural Mother/Father's Name] has a diagnosed cognitive disorder, an extreme physical incapacity, or a medical condition, including behavioral health, which renders [Natural Mother/Father's Name] incapable or adequately and appropriately exercising parental rights, duties, and responsibilities within a reasonable time considering the age of the children and allowing the parent to have custody would cause the children actual harm or harm in the near future. (10A Okla. Stat. § 1-4-904 (B)(13)).

L. The condition(s) that led to the deprived adjudication of this child, [list conditions] have been the subject of a previous deprived adjudication of this child or a sibling of this child, and [Natural Mother/Father's Name] was been given an opportunity to correct the conditions which led to the determination of the initial deprived children. (10A Okla. Stat. § 1-4-904(B)(14)).

M. There exists a substantial erosion of the relationship between [Natural Mother/Father's Name] and [Clients' Names] caused at least in part by {the parent's serious or aggravated neglect of [Clients' Names]} or {physical or sexual abuse or sexual exploitation of [Clients' Names]} or {a prolonged and unreasonable absence of [Natural Mother/Father's Name] from [Clients' Names]} or {an unreasonable failure by [Natural Mother/Father's Name] to visit or communicate in a meaningful way with [Clients' Names]}. (10A Okla. Stat. § 1-4-904(B)(15)).

N. [Clients' Names] were four years of age or older at the time of placement in foster care by the Department of Human Services, has been in foster care for fifteen of

the most recent twenty-two months, and cannot, at the time of the filing of this motion, be safely returned to the home of [Natural Mother/Father's Name]. (10A Okla. Stat. § 1-4-904(B)(16)).

O. [Clients' Names] waere younger than four years of age at the time of placement in foster care by the Department of Human Services, has been in foster care for six of the most recent twelve months, and cannot be safely returned to the home of [Natural Mother/Father's Name]. (10A Okla. Stat. § 1-4-904(B)(17)).

3. It is in the best interest of the children to terminate the parental rights of [Natural Mother/Father's Name] to [Clients' Names].

4. Reasonable efforts have been made to provide remedial services and rehabilitative programs designed to prevent the removal of the children from the home, and these efforts have proved unsuccessful.

5. [Natural Mother/Father's Name] is hereby notified by service of a copy of this Motion that your failure to personally appear at the hearing or trial on this Motion on date and time specified by the court shall constitute consent to the termination of your parental rights of this child or children. If you fail to appear on the date and time specified by the Court, you will lose all legal rights to the children named in this Motion.

WHEREFORE the Minor Children's requests the Court to terminate permanently all parental rights of [Natural Mother/Father's Name] to [Clients' Names], and further to place the children in the permanent custody of the Oklahoma Department of Human Services with the right and authority to plan for the future well-being of the children and place the children for adoption.

Respectfully submitted,

By: _____
[Name], OBA# _____
[Address]
[Address]
[Phone]

CERTIFICATE OF MAILING

I hereby certify that on the filing date, I mailed with sufficient postage affixed, or hand delivered to the conflict defender delivery box established at the Tulsa County Juvenile Bureau, a true and correct copy of the above motion to:

[Name]

IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
JUVENILE DIVISION

IN THE MATTER OF:)

_____: _____)
_____: _____)

Children under 18 years of age.)
To-wit: D.O.B. ___-___-___; ___-___-___)

Case No. JD- ___-___-___
Judge _____
Docket ___

MOTION TO ESTABLISH GUARDIANSHIP

The Minor Child(ren), through [his/her] undersigned attorney, hereby move(s) the Court for an Order establishing a Guardianship pursuant to 10A O.S. §1-4-709 et seq., and further moves and alleges as follows:

1. Information about the proposed guardian(s):

Name: _____

Address: _____

2. Information about the children:

Name: _____

Date of Birth: ___ / ___ / _____ Age: _____ Sex: _____

Information about the children:

Name: _____

Date of Birth: ___ / ___ / _____ Age: _____ Sex: _____

3. The children [] are [] are not an Indian child as defined in 25 U.S.C. 1903(4).
[] This is an Indian home or a tribal approved home; or
[] Custody to the parents or Indian custodian will result in serious emotional or physical harm to the children.
4. The children are in the legal custody of [{Department of Human Services} or {Custodian's Name}].
5. The prospective guardian's relationship to the children is as follows:

-
6. The child(ren) have have not resided with the prospective guardian prior to this motion being filed. If the children have resided with the prospective guardian prior to this motion being filed:

Length of time: _____

Circumstances: _____

7. The prospective guardian(s) state(s) that [he/she/they] agree to accept the duties and responsibilities of guardianship.
8. The prospective guardian(s) understand(s) that the guardianship is intended to be permanent in nature and that the person(s) will be responsible as the guardian(s) until the children reach the age of majority.
9. There exists a loving, emotional tie between the children and the prospective guardian(s).

10. A guardianship should be established:

- a. The children have been adjudicated to be deprived children.
- b. The parent has:
 - consented to the guardianship;
 - had his or her parental rights terminated;
 - failed to substantially correct the conditions that led to the adjudication of the child;
 - been adjudicated as incompetent or incapacitated by a court;
 - abandoned the child;
 - failed to be identified or has not been located despite reasonably diligent efforts to ascertain the whereabouts of the parent;
 - died.
- c. Guardianship is in the best interests of the children rather than termination of the parent-child relationship or continuation of the children's current deprived status.
 - the children consent to the formation of the guardianship.

11. The potential guardian(s) are expressly committed to not return the children to the care of the person from whom the child was removed.

WHEREFORE, Movant requests that the Court approve the appointment of the proposed guardian(s) and for issuance of Letters of Guardianship.

[Name], OBA # _____
Attorney for [Client's Name]
[Address]
[Address]
[Phone Number]

VERIFICATION

I affirm that I have read the Motion to Establish Guardianship and the foregoing representations are true.

[Signed] _____

State of Oklahoma)
) ss.
County of Tulsa)

Signed and sworn to before me on _____ day of _____, 20____, by
_____.

[Signed] _____
Notary public

(Seal)
My Commission expires: _____