

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT _____

In the Matter of (use initials only): _____

Minor(s) under 18 years of age. _____

Date(s) of birth: _____

)
)
)
)
)
)
)

CASE NO. _____

**REQUEST FOR PLACEMENT REVIEW
and REQUEST FOR HEARING**

1. I am an adult family member or adult family friend of the minor child(ren) named above.
Name: _____ Relationship to Child(ren): _____
Full Mailing Address: _____
Phone: _____ Email: _____
2. The Office of Children's Services (OCS) denied placement with me, because:

3. I do not agree with the placement decision made by OCS. I believe that the child(ren) should be placed with me, because:

4. I request a hearing to review the placement decision. I understand that my participation in this case is limited to participating in the hearing about denial of placement with me. ☐ I attached a copy of the denial notice from OCS.

Date

Signature

ORDER SETTING HEARING

- ☐ A placement review hearing will be held as indicated below.
☐ A placement review hearing will be combined with the hearing already scheduled below.
☐ A scheduling conference to set the placement review hearing will be held as indicated below.

Date and Time: _____

Location: _____

Date

Judicial Officer

Print or Type Name

I certify that on _____, I distributed a copy of this request and order to:

☐ AG ☐ OCS ☐ GAL ☐ Child's Atty ☐ Parent/Atty _____ ☐ Parent/Atty _____
☐ Indian Custodian ☐ Tribe ☐ Person filing this request ☐ _____

Clerk: _____

[Note to Court Clerk: Enter CN313OSH in CV once hearing is set.]

