

IN THE INTEREST OF

Name _____

Date of Birth _____

**Petition to Vacate
Consent Decree
and Waiver of Hearing**

Case No. _____

PETITION TO VACATE CONSENT DECREE

I STATE ON INFORMATION AND BELIEF THE FOLLOWING IS TRUE:

1.

Child's/Juvenile's Street and City Address _____
Parent 1's Name and Address _____
Parent 2's Name and Address _____
Guardian's, Legal Custodian's Name and Address _____

2. A consent decree was ordered by the court on [Date] _____.

3. The consent decree is scheduled to expire on [Date] _____.

4. The consent decree should be vacated:

5. The parties will will not waive their rights to a hearing and agree that the proceedings shall be reinstated.

Petitioner

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

WAIVER OF HEARING

The following parties stipulate and agree that the court may enter an order vacating the consent decree and reinstate the proceedings.

Child/Juvenile

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

Child's/Juvenile's Attorney/GAL

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

Parent 1

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

Parent 2

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

Indian Custodian

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

Case worker

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)

Prosecuting Attorney

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)