

IN THE INTEREST OF

Name _____

Date of Birth _____

**Request to
Extend Consent Decree**

Case No. _____

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
	Other

- 2. A consent decree was ordered by the court on [Date] _____.
- 3. The consent decree is scheduled to expire on [Date] _____. I request the Consent Decree be extended for an additional *[up to 6 months]* _____ for the following reason(s): _____.

If you do not object, the request may be granted without a court hearing. If you object to the extension, a written objection must be filed with the court within ten (10) days of the filing of this request. If you file a written objection, a hearing will be scheduled.

Petitioner

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)