

Soc. Serv. Law §§ 392(2)(a), (b)

Form 392-1  
(Petition by Authorized  
Agency for Review of  
Foster Care Status and  
Permanency Hearing)  
2/2001

FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF

\_\_\_\_\_  
In the Matter of the Review of  
the Foster Care Status of

Docket No.

Pursuant to Section 392 of  
the Social Services Law

PETITION  
(Authorized Agency)

**NOTICE: PLACING YOUR CHILD IN FOSTER CARE MAY RESULT IN LOSS OF YOUR RIGHTS TO YOUR CHILD. IF YOUR CHILD STAYS IN FOSTER CARE FOR 15 OF THE MOST RECENT 22 MONTHS, THE AGENCY MAY BE REQUIRED BY LAW TO FILE A PETITION TO TERMINATE YOUR PARENTAL RIGHTS AND MAY FILE BEFORE THE END OF THE 15 MONTH PERIOD.**

**DEADLINES: THIS PETITION MUST BE FILED BY [Specify date]:<sup>1</sup> AND THE PERMANENCY HEARING MUST BE COMPLETED BY [Specify date]: .**

TO THE FAMILY COURT:

The undersigned Petitioner respectfully alleges upon information and belief:

- 1. a. The Petitioner is authorized to file this petition in that (s)he is [check applicable box]
  - ? an official of the Department of Social Services for [specify]: County;
  - ? an authorized agency charged with the care and custody of the child;
  - ? an authorized agency charged with the supervision of the child's foster care;

b. Petitioner's office and place of business is located at [specify]:

- 2. a. The above-named child was born on [specify date]:
- b. The child's mother is [specify]: She resides at [specify address]: .

\_\_\_\_\_  
<sup>1</sup> The petition must be filed at least 60 days prior to the date by which the hearing must be completed. The date should conform to the deadline indicated on the prior Order Approving Placement Instrument or Permanency Order, if any.

c. The child's father is [specify; if unknown, so state and indicate efforts to identify and locate him]: He resides at [specify address]:

d. Paternity was established by [check applicable box; if not established, so state]:  
? Marriage between the above-named parents.  
? An order of filiation entered on [specify date and court]:  
? An acknowledgment of paternity signed on [specify date]:

e. The child's legal guardian is [specify]:

3. In addition to the child's parent(s) or guardian(s), the following individuals must be notified of this proceeding:

- ? Law guardian [specify]:
- ? Prospective adoptive parent(s)[specify]:
- ? Foster parent(s)[specify]:
- ? Relative(s)[specify]:
- ? Other [specify]:

4. a. The above-named child was placed in foster care on [specify date]: .  
An order approving the placement instrument pursuant to Section 358-a of the Social Services Law was issued on [specify date]:

b. The foster care placement was most recently extended on [specify date]:  
for a period of \_\_ months, terminating on [specify, if applicable].

c. A permanency hearing is required at this time because [check applicable box(es)]:  
? The last permanency hearing with respect to this child was held on [specify]:  
? No permanency hearing has been held since the child entered foster care.  
? A finding by the Court that reasonable efforts to reunify the child with (his) (her) parent(s) or guardian(s) are not necessary was made pursuant to Social Services Law §392(6-a) on [specify date]:

? Other reason [specify]:

d. [Check applicable box(es)]:<sup>2</sup>  
? Parental rights have been terminated with respect to the following parent or guardian [specify]: as a result of a

? surrender of the child ? termination of parental rights proceeding (parent only)

? The following parent or guardian of the child is deceased [specify]:

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<sup>2</sup> Note: If the child was freed for adoption as a result of the termination of parental rights and/or death of both parents and/or guardians, a permanency hearing and review pursuant to Family Court Act §1055-a, using Form 10-20, should be requested, rather than a permanency hearing and review pursuant to Social Services Law §392.

e. The child currently resides with [specify]:

f. The child was removed from (his)(her) home on [specify date]: \_\_\_\_\_, and was placed in the foster care of the person(s) and/or institution(s) named at the address(es) set forth below and has been in such foster care for a continuous period of at least 12 months:

<u>Name of Foster Parent/Institution</u>	<u>Address</u>	<u>Period of Foster Care</u>
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5. a. The permanency plan for the child is as follows [check applicable box(es) and indicate time frame(s)]:
- ? reunification with the ? parent(s) ? guardian(s) by [specify date]:
  - ? placement for adoption upon filing of a petition to terminate parental rights by [specify date]:
  - ? referral for legal guardianship by [specify name and date]:
  - ? permanent placement with the following fit and willing relative [specify name]:  
by [specify date]:
  - ? permanent placement in the following alternative planned living arrangement [specify]:

upon documentation, available to the Court, that the following compelling reason(s) indicate(s) that it would not be in the child's best interests to return home, be referred for termination of parental rights and adoption, placed with a fit and willing relative, or placed with a legal guardian [specify compelling reason(s), indicating documentary sources of information, if any]:

- b. This plan [check applicable box]:
- ? has not changed since the most recent permanency hearing or review of the child's placement;
  - ? has changed as follows [specify, indicating documentary sources of information, if any]:

c. This plan should be approved without modification because [specify reasons, indicating documentary sources of information, if any]:

6. **[Required]**: Return to the child's home would be contrary to the best interests of the child because [specify facts and reasons]:

This conclusion is supported by the following information [check applicable box(es)]:

- ? Uniform Case Review, dated [specify]:
- ? Summary of the Uniform Case Record, dated [specify]:
- ? Service Plan, dated [specify]:
- ? Probation Department report, dated [specify]:
- ? Mental health evaluation, dated [specify]:
- ? The report of [specify]: , dated [specify]:
- ? Other [specify]:

7. a. [Required]: Reasonable efforts, where appropriate, to return the child home safely [check applicable box(es) and state reasons as indicated]:

were made as follows [specify]:

were not made but the lack of efforts was appropriate [check all applicable boxes]:

because of a prior judicial finding that the authorized agency was not required to make reasonable efforts to reunify the child with the  parent(s)

guardian(s) [specify date of finding]:

because [specify other reasons]:

were not made.

This assertion is based upon the following information [check applicable box(es)]:

- ? Uniform Case Review, dated [specify]:
- ? Summary of the Uniform Case Record, dated [specify]:
- ? Service Plan, dated [specify]:
- ? Probation Department report, dated [specify]:
- ? Mental health evaluation, dated [specify]:
- ? The report of [specify]: , dated [specify]:
- ? Other [specify]:

b. [Required in cases in which the child's permanency plan is adoption, guardianship or permanent living arrangement other than reunification]: Reasonable efforts to make and finalize the permanency planning goal of [specify]:

were made as follows [specify]:

were not made based upon the following facts and for the following reasons [specify]:

This assertion is based upon the following information [check applicable box(es)]:

- ? Uniform Case Review, dated [specify]:
- ? Summary of the Uniform Case Record, dated [specify]:
- ? Service Plan, dated [specify]:
- ? Probation Department report, dated [specify]:
- ? Mental health evaluation, dated [specify]:

? The report of [specify]: , dated [specify]:

? Other [specify]:

c. The following impediments exist, if any, to the fulfillment of the child’s permanency plan [specify, indicating documentary sources of information, if any]:

8. [Required in cases where the child is 16 years of age or older]: The services needed, if any, to assist the child to make the transition from foster care to independent living are [specify]:

a. These services are being provided as follows [specify]:

b. These services are not being provided for the following reasons [specify, indicating documentary sources of information, if any; if no services are needed, so indicate]:

9. [Required where the child has been placed out-of-state]: The placement of child at [specify]: [check applicable box]: ? continues to be ? is not appropriate and in the child’s best interests because [specify, indicating documentary sources of information, if any]:

10. The current service plan, which is annexed to this petition, should be approved without modification for the following reasons [specify, indicating documentary sources of information, if any; if any information in service plan is not up-to-date, so indicate]:

11. a. The visitation plan for the child and the ? parent ? guardian) is as follows [describe plan(s); if visitation is supervised, so state]:

b. The visitation plan for the child and the child’s sibling(s) or half-sibling(s) is as follows [describe plan(s)]:

c. These visitation plans should be approved by the Family Court and described in its order because [specify, indicating documentary sources of information, if any]:

12. [Applicable where the child has been in foster care for 15 out of the most recent 22 months]: A termination of parental rights petition:

? was filed on [specify date]: in [specify court]:

The status of the case is as follows [specify]: .

? will be filed not later than [specify date]: in [specify court]:

? will not be filed for the following reason(s) [check applicable box(es) and cite documentary sources of information, if any]:<sup>3</sup>

? The child is being cared for by a relative or relatives;

? The authorized agency has documented the following compelling reason for not filing a termination of parental rights petition:

? The child has a permanency plan other than adoption;

? The child is 14 years of age or older and will not consent to adoption;

? There are insufficient grounds for filing a termination petition;

? The authorized agency has not provided the following legally required services to the parent(s) of the child that it deems necessary for the safe return of the child [specify, citing documentary sources, if any]:

13. The child has the following conditions and special needs [specify]:

<u>Area</u>	<u>Conditions/Special Needs</u>	<u>Services Needed</u>	<u>Services Provided</u>	<u>Last Evaluation</u>
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? Medical

? Developmental

? Educational

? Mental Health

? Other [specify]:

14. The child ? is ? is not a Native-American child subject to the Indian Child Welfare Act of 1978 (25 U.S.C. §§ 1901-1963).

15. No previous application has been made to any court or judge for relief herein requested (except: [specify]: ).

WHEREFORE, Petitioner requests that this Court review the foster care of the child and conduct a permanency hearing pursuant to section 392 of the Social Services Law and enter an order of disposition as follows:

A. Continuing the foster care of the child;

B. Approving Petitioner's implementation of the above permanency plan for the child;

C. Describing the above visitation plan(s);

D. Directing that the ? parent(s) ? guardian(s) be notified of the planning conference(s) to be held, of (his)(her) right to attend such conference(s) and of (his)(her) right to attend with

<sup>3</sup> See Social Services Law §§384-b(3)(1)(i), 384-b(3)(1)(ii).

counsel or other person;

E. Directing that the ? parent(s) ? guardian(s) be given a copy of this Court’s order and service plan;

F. Directing that if the child remains in foster care, the Petitioner must file a petition for a permanency hearing not later than [specify date 60 days prior to the date permanency hearing must be completed]:<sup>4</sup> and

G. Granting such other and further relief as the Court may deem just and proper.

Dated:

\_\_\_\_\_

Authorized Agency

By : \_\_\_\_\_

\_\_\_\_\_

Print or type name and title

\_\_\_\_\_

Signature of Attorney, if any

\_\_\_\_\_

Attorney’s Name (Print or Type)

\_\_\_\_\_

\_\_\_\_\_

Attorney’s Address and Telephone Number

VERIFICATION

STATE OF NEW YORK )

)ss:

COUNTY OF )

\_\_\_\_\_, being duly sworn, says that (s)he is the Petitioner in the above-named proceeding and that the foregoing petition is true to (his)(her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

\_\_\_\_\_  
Petitioner

Sworn to before me this  
day of , .

\_\_\_\_\_  
(Deputy) (Clerk of the Court)  
(Notary Public)

<sup>4</sup> See *Uniform Rules of the Family Court*, 22 N.Y.C.R.R. §205.17(b).

