STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	MOTION RE TRANSFER/ HEARING/PLACEMENT EX PARTE	CASE NO. PETITION NO. JUDGE	
Court address		Cou	ırt telephone no
In the matter of ${\text{First and last name(s), alias(e)}}$	⊋s)		
1. The names and addresses of parent	ts, guardians, or legal custodians are:		
Father	Address		
Mother	Address		
Cuandian II and anatadian	Address		
Guardian/Legal custodian	Address		
<ul><li>☐ hearing regarding the agency's no</li><li>☐ review of the initial services plan a</li><li>☐ court review of the child's placem</li></ul>	calendar. djournment. otice of intent to return the child home. and/or custody or placement order. ent in a qualified residential treatment prest be made within 60 days of the child's placement i		
State reasons below as appropriate.			

I declare under the penalties of perjury that this motion has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

 Signature
 Date
 Agency/Address

 Name (type or print)
 City, state, zip
 Telephone no.

Approved, SCAO

Form JC 15m, Rev. 4/21

MCL 712A.13a(14), MCL 712A.17, MCL 712A.18d, MCL 712A.19(10),

MCL 712A.21, MCL 722.123a, MCR 3.923(G), MCR 3.932(C)(8),

MCR 3.942(A), MCR 3.945(A), MCR 3.966, MCR 3.972(A), MCR 3.975(H),

MCR 3.992(A)

## STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY

## AUTHORIZATION/DENIAL/ NOTICE OF HEARING

CASE NO.
PETITION NO.

			JUDGE	
Court address				Court telephone no
In the matter of First and last name(s), ali	as(es)			
1. A motion was filed on	requ	uesting		
☐ transfer of this case to the form review. ☐ rehearing. ☐ hearing regarding the agency' review of the initial services pl review of the child's placemen	adjournment. s notice of intent to rean and/or custody or	placement order.	n.	
$\square$ 2. Transfer is authorized and hea	aring on the petition o	of Date		is set for
Date and time	at Location			
$\square$ 3. A hearing will be held on $\_$		at		
regarding the child's placemer is set, the hearing must be held and c treatment program.				
☐ 4. ☐ Review ☐ Rehearing ☐	Adjournment 🗌 He	aring on agency's inter	nt to return child home	is authorized and
hearing is set for		_ at		
☐ 5. ☐ Transfer ☐ Review	☐ Rehearing ☐ /	Adjournment is den	nied.	
		Judge/Referee signatur	re and date	