

**SUPERIOR COURT OF WASHINGTON
ISLAND COUNTY JUVENILE COURT**

In the Interest of: (first, MI, last)

DOB: _____

NO:

AT RISK YOUTH PETITION

I. BASIS

I represent to the court the following:

1.1 Petitioner(s) is/are:

- ☐ Mother
☐ Father
☐ Guardian

1.2 Information about the child:

Legal Address: _____

Phone Number: _____

Description:

Gender _____ Eye Color: _____ Hair Color: _____ Height: _____

Weight: _____ Race/Ethnicity: _____

FOR OFFICIAL USE ONLY
IN No.: _____

FOR OFFICIAL USE ONLY
Juv. No. _____

FOR OFFICIAL USE ONLY
Juv. Ref. No: _____

1.3 Information about the Parents:

Father:

Name: (first, MI, last) _____ DOB: _____

Address: _____

Phone Number: _____

Mother:

Name: (first, MI, last) _____ DOB: _____

Address: _____

Phone Number: _____

Marital status of parents and/or residential custody arrangement: _____

OR: Information on legal custodian/guardian(s):

Name(s): _____

Address: _____

Phone Number: _____

1.4 Other active Juvenile Court matters:

- ☐ The child is not the subject of a dependency proceeding under chapter 13.34 RCW.
- ☐ A Child In Need of Services (CHINS) petition involving this child is active.
- ☐ A Truancy petition involving this child is active.

1.5 The child is an at-risk youth, as defined in RCW 13.32A.031(1), in that the child:

- ☐ a. Has been absent from the home for more than seventy-two (72) consecutive hours without parental consent: or
- ☐ b. Is beyond parental control such that the child's behavior endangers the health, safety, and welfare of the child or another person; or
- ☐ c. Has a substance abuse problem and there are no pending criminal charges related to the substance abuse.

II. RELIEF REQUESTED

The petitioner(s) request(s) that the following recommendations, pursuant to 13.32A.196 be considered by the Court for inclusion in the dispositional order to assist in maintaining the care, custody, and control of the child.

- ☐ Abide by all reasonable household rules;
- ☐ Abide by a weekday curfew of ____p.m. and a weekend curfew of ____p.m.
- ☐ Notify petitioner(s) of whereabouts at all times;
- ☐ Refrain from purposeful damage of property;
- ☐ Refrain from physical and verbal abuse, and threats of abuse;
- ☐ Participate in individual and/or family counseling;
- ☐ Obtain a mental health (psychological/psychiatric) evaluation and follow treatment recommendations,
- ☐ Refrain from the use of drugs or alcohol;
- ☐ Obtain a drug/alcohol evaluation and follow treatment recommendations;
- ☐ Attend school as directed by parents.
- ☐ Obtain and maintain employment;
- ☐ Reimburse petitioner for property damage and debts owed;
- ☐ Refrain from contact with the following person(s); _____

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- ☐ Other conditions of supervision _____
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III. CERTIFICATION

I/We certify under penalty of perjury under the laws of the State of Washington that the above information is true and correct.

Signed this ____ day of _____, 20__, at _____, Washington.

Print Name of Petitioner

Signature of Petitioner

Print Name of Petitioner

Signature of Petitioner