

IN THE INTEREST OF

Name

Date of Birth

**Notice of
Change in Placement
Indian Child Welfare Act**

Case No. _____

1. I am interested as Caseworker. District Attorney/Corporation Counsel.
Other parties use JD-1766 – Request to Change Placement.
2. The child/juvenile is currently under a temporary physical custody order. dispositional order.
3. The child/juvenile is subject to the Indian Child Welfare Act.
4. This notice of change in placement is
 out-of-home to out-of-home.
 out-of-home to in-home.
 in-home to in-home.
For In-Home to Out-of-Home, use IW-1766 – Request to Change Placement.
5. Name and address of new/proposed placement: _____.
6. Emergency conditions necessitated an immediate change in placement on [Date] _____.
A. *This notice was sent within 48 hours after the emergency change in placement.*
B. Describe the reasons for the new placement, the emergency conditions that necessitated an immediate change, why it is preferable, and how it satisfies any treatment plan or permanency plan:

- C. If you object to the change in placement, a written objection must be filed with the court within 10 business days after filing of this notice. If you file a written objection, the court will schedule a hearing. Copies of the request for a hearing should be sent to all parties.
7. The placement will be changed on [Date] _____.
A. The proposed placement
 will be changed at least 10 business days after this notice was filed with the court.
 was authorized in temporary physical custody order dispositional order.
The 10 business day waiting period is not required.
B. Describe the reasons for the new placement, why it is preferable, and how it satisfies any treatment plan or permanency plan: _____

- C. If you object to the change in placement, a written objection must be filed with the court within 10 business days after filing of this notice. If you file a written objection, the court will schedule a hearing. Copies of the objection should be sent to all parties.
If this change in placement was authorized in the current order, your objection must state new information that affects the advisability of the order.
8. Reasonable efforts to place the child/juvenile in a placement that enables the sibling group to remain together were
 made by _____
 not required because the child/juvenile does not have siblings in out-of-home care.

not required because it would be contrary to the safety or well being of the child/juvenile or any of the siblings because _____

9. The proposed change in placement would change the placement from a placement outside the home to another placement outside the home.
 A. The placement is in accordance with the order of preference set forth in the Indian Child Welfare Act.
 B. There is good cause to depart from the order of placement preference in the Indian Child Welfare Act. Specify: _____

10. The proposed placement is certified as a Qualified Residential Treatment Program.
 A. The standardized assessment and recommendation by a qualified individual
 are attached.
 will be submitted by: _____. [No later than 10 business days from date of this notice]
 B. There is good cause for submitting the assessment and recommendation more than 10 business days from the date of this notice: _____.
If approved by the court, the assessment and recommendation will be submitted by: _____.
[No later than 30 days from date of placement]

11. If placement continues to be outside the home, the parents/guardian/legal custodian/Indian custodian/trustee may be required to pay support for the placement.

12. A party's address has changed. A Notice of Change of Address (JD-1830)
 was previously filed with the court.
 is attached.

DISTRIBUTION:

- 1. Court
- 2. Child/Juvenile
- 3. Child's/Juvenile's Guardian ad Litem/Adversary Counsel
- 4. Parents
- 5. Parents' Attorney(s)
- 6. Child's Guardian/Legal Custodian
- 7. Relative Caregiver/Foster Parent
- 8. District Attorney/Corporation Counsel
- 9. Caseworker
- 10. Court Appointed Special Advocate (CASA)
- 11. Tribe
- 12. Indian Custodian

Caseworker/District Attorney/Corporation Counsel	

Name Printed or Typed	

Address	
_____	_____
Email Address	Telephone Number
_____	_____
Date	State Bar No. (if any)