

IN THE INTEREST OF

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

**Stipulation to Revise  
Dispositional Order**

Case No. \_\_\_\_\_

**STIPULATION:**

The undersigned agree to the following revision(s) to the dispositional order without a court hearing:

(Note: Cannot include change of placement or extension) \_\_\_\_\_

See attached

Reason(s) for revision(s):

\_\_\_\_\_  
\_\_\_\_\_

▶ \_\_\_\_\_

Signature of Parent 1

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

▶ \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

▶ \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

▶ \_\_\_\_\_

Signature of Parent 2

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

▶ \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

▶ \_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

**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