

SUPERIOR COURT OF WASHINGTON
COUNTY OF Spokane
JUVENILE COURT

In the Interest of:

NO:

**PETITION FOR AT-RISK-YOUTH
(PTARY)**

D.O.B.:

I. BASIS

I represent to the Court the following:

1.1 Petitioner(s) is are parent(s) of the above-named child.

1.2 Information about the child:

Name: _____ Phone #: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Race: Asian/Pacific Islander Black/African American Hispanic
 American Indian/Alaskan Native White/Caucasian Unknown

1.3 Information about the child's parents:

a. Name of Father: _____ Date of Birth: _____

Address: _____

b. Name of Mother: _____ Date of Birth: _____

Address: _____

c. Marital status of biological parents: _____

1.4 The petitioner(s) has legal custody of the child.

1.5 The child is not the subject of a dependency proceeding under Chapter 13.34 RCW.

1.6 The child is an at-risk-youth because he/she:

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

1.7 Court intervention and supervision are necessary to assist the petitioner(s) to maintain the care, custody and control of the child.

1.8 Alternatives to court intervention have been attempted.

There is good cause why alternatives to court intervention have not been attempted.

1.9 The above allegations described in 1.6 are based on the following facts:

II. RELIEF REQUESTED

(Joint petitions must be signed by both petitioners.)

I/We request that the Court inquire into this matter and provide the relief available under Chapter 13.32A RCW.

Dated: _____

Petitioner

Petitioner

III. CERTIFICATION

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Mother

Date/Place of Signature

Father

Date/Place of Signature

ATTACHMENT

(Check all that apply)

- _____ Child shall reside at home and shall inform me of his/her location at all times.
- _____ Child shall observe the following curfews on weeknights _____ and weekends _____ unless specifically agreed.
- _____ Child shall attend school every period, every day and on time.
- _____ Child shall not use any illegal substances including non-prescription drugs and alcohol.
- _____ Child shall participate in a drug/alcohol evaluation and any outpatient treatment prescribed as a result of that evaluation. I understand as the petitioner, I am responsible for setting up any necessary appointments for my child and providing transportation to the appointments. I am also financially responsible for any costs associated with evaluation and/or treatment.
- _____ Child shall participate in counseling which may include individual and/or family sessions. I understand as the petitioner, I am responsible for setting up the counseling sessions and providing the necessary transportation to any sessions not scheduled at our home.
- _____ Child shall _____

Note: The parent/petitioner will be court ordered to provide a clean safe home, in some cases a drug/alcohol free home and participate in family counseling.