

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____

Case Number: _____

IN THE MATTER OF: _____ DOB: _____

JUVENILE ABUSE/NEGLECT DELINQUENCY CHINS
MOTION TO REOPEN CASE

FOR USE WHEN: A young adult, previously involved in a RSA 169-B, RSA 169-C OR RSA 169-D case, decides to access extended foster care through the Division for Children, Youth and Families (DCYF) Hope Program, pursuant to RSA 170-E:53. In such cases, DCYF practice is to file this motion no later than forty-five (45) days from the date the young adult signed a Voluntary Placement Agreement (VPA).

The Division for Children, Youth and Families (DCYF), requests the above-entitled matter be reopened and hearings be scheduled for _____ (young adult's name) (hereinafter "young adult") to access extended foster care services, pursuant to RSA 170-E:53, through the DCYF HOPE Program. The above-entitled matter was closed by the court on _____ (date).

In support of this motion, DCYF states:

1. DCYF's HOPE Program is a voluntary program that allows a young adult to reside in a paid foster care placement after turning eighteen (18) until 21 if the young adult is eligible and participates in a qualifying activity, as set forth below in section 4.
2. A Voluntary Placement Agreement (VPA) is attached, which the young adult signed after agreeing to extended foster care services with DCYF through its HOPE Program.
3. The young adult resides at _____
(Physical address and mailing address)
4. The young adult is eligible for extended foster care because, they meet one of the following eligibility requirements:
 - Is completing **secondary education or a program leading to an equivalent credential (HiSET)**, specifically by attending school at _____
 - Is enrolled in an **institution that provides post-secondary or vocational education** for a minimum of six hours a semester, specifically by attending school at _____
 - Is participating in a **program or activity designed to promote, or remove barriers to, employment**, a minimum of 15 hours a week, specifically by participating in _____
 - Is **employed** for at least 80 hours per month at _____

OR

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Is incapable of doing any of the activities as set forth above in this section **due to a medical condition**, including mental health diagnoses. (NOTE: *This incapacity must be supported by annual updated information in the young adult’s case record.*) The young adult’s medical or mental health condition is:

5. The young adult is currently receiving the following services and support to enable them to continue residing in foster care: _____

6. The young adult’s identified permanency plan is Another Planned Permanent Living Arrangement (APPLA) Other (Please specify): _____

7. After discussion between DCYF and the young adult, the young adult is interested in having the following individual(s) sent notice, as a participant and not a party to the reopened case, of any hearings in the above-entitled matter (Please include the name(s) and address(es) as well as the connection to the young adult, including, for example, parent or family member, court-approved Primary Caring Adult, foster parent, former guardian *ad litem* (GAL), etc.):

| Name | Address | Connection to youth |
|------|---------|---------------------|
| | | |
| | | |
| | | |

Wherefore, for the above stated reasons, DCYF respectfully requests that the Court:

1. Reopen the above-entitled matter and schedule an **Extended Foster Care - Best Interest Hearing, within sixty (60) days of this motion**, to determine if it is in the young adult’s best interest to remain in foster care.
2. Send notice of the hearing **only** to DCYF and the young adult (as parties) and to any individuals named above in section 7 (as participants).
3. Pursuant to 475(5)(C)(i) of the Social Security Act, a best interest **court finding** must be made **no later than 180 days** from the date the young adult signed a Voluntary Placement Agreement, which in this case would be no later than _____ (date).

Name

Signature Date

Law Firm Bar ID # of attorney

Telephone

Address

City State Zip code

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CERTIFICATION

I certify that on this date I provided a copy of this document to _____ (young adult) or to _____ (young adult's attorney) by: Hand-delivery OR US Mail OR E-mail (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

Date

Signature

ORDER

- Motion to reopen the above-entitled matter is GRANTED, and an **Extended Foster Care - Best Interest Hearing** is scheduled for _____ at _____ a.m. p.m.; OR
- Motion to reopen the above-entitled matter is DENIED.

Recommended:

Date

Signature of Marital Master/Referee/Hearing Officer

Printed Name of Marital Master/Referee/Hearing Officer

So Ordered:

I hereby certify that I have read the recommendation(s) and agree that, to the extent the marital master/judicial referee/hearing officer has made factual findings, they have applied the correct legal standard to the facts determined by the marital master/judicial referee/hearing officer.

Date

Signature of Judge

Printed Name of Judge