

*(Local CSA Header)*  
**REQUEST FOR PERMANENCY HEARING  
WITHIN 30 DAYS**

YOU ARE HEREBY NOTIFIED that a permanency hearing is necessary for the following juvenile(s). Please set each hearing within the next 30 days. Please make the appropriate arrangements, and notify all relevant parties including the Community Supervision Officer, regarding the date and time of each permanency hearing.

NAME (name)	DOB (dob)	COUNTY (county)	COURT CASE # (case no)
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Father's name:	DOB:	or SSN:	or Age:
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Mother's name:	DOB:	or SSN:	or Age:
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Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year).

\_\_\_\_\_  
(Please Print)  
Representing KDOC as the  
Community Supervision Officer  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Distribution:

Administrative Judge  
Juvenile Judge  
County/District Attorney  
Assistant County/District Attorney  
Kansas Legal Services  
Kansas Department of Corrections Central Office