

\_\_\_\_\_ COUNTY CIRCUIT COURT

**MOTION TO ESTABLISH GUARDIANSHIP  
[419B.255]**

IN THE MATTER OF: \_\_\_\_\_ BUNDLE NUMBER: \_\_\_\_\_  
CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ JDIS: \_\_\_\_\_ PETITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_,  Father  Mother  CASA  DHS  Child  other party  
 person with limited right of participation Moves the Court for an Order establishing a Guardianship pursuant to ORS 419B.255-.370, and further moves and alleges as follows:

1. The facts that support this motion are  set forth in the attached affidavit  are set forth below:

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

see attached page for additional factual allegations.

2.  ICWA does not apply in this case.  ICWA does apply and continued custody to the parents or Indian custodian will result in serious emotional or physical harm to the child.

3.  The Court has found that Guardianship is the appropriate plan in this case.  The Court should find that Guardianship is the appropriate plan in this case. The child cannot safely return to a parent within a reasonable time; adoption is not an appropriate plan for the child; the proposed guardian is suitable to meet the needs of the child and is willing and able to accept the duties and authority of a guardian.

4. Guardianship is in the best interests of the child.  The child supports the formation of this guardianship.  The Court is asked to inquire of the child if the child supports the guardianship.

5. The proposed guardian(s) and relevant information is as follows:

Name of Proposed Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office phone: \_\_\_\_\_  
Relationship, if any, to child: \_\_\_\_\_.

Name of Proposed Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.  
Address: \_\_\_\_\_.  
Home Phone: \_\_\_\_\_ Office phone: \_\_\_\_\_  
Relationship, if any, to child: \_\_\_\_\_.

6. Further moves the Court for appointment of the Proposed Guardian(s) and for issuance of Letters of Guardianship.

7. [ ]A hearing is requested, estimated time for hearing is: \_\_\_\_\_ hours.

Moved this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Moving Party or [ ]Attorney

\_\_\_\_\_  
Printed Name of Moving Party or [ ]Attorney

Name, Address and Phone of Moving Party:

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

Phone: \_\_\_\_\_

Name, Address and Phone Number of Attorney:

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

Phone: \_\_\_\_\_

