|  |  |
| --- | --- |
| DATE: |       |
|  |  |
| TO: | The Honorable       |
|  |  |
|  | Assistant District Attorney       |
|  |  |
|  | Guardian ad Litem       |
|  |  |
|  | Counsel for Parent 1  |
|  |  | Name: |       |
|  |  | Address: |       |
|  |  |
|  | Counsel for Parent 2  |
|  |  | Name: |       |
|  |  | Address: |       |
|  |  |
| RE: | NOTICE OF       COUNTY'S INTENT NOT TO PURSUE EXTENSION OF DISPOSITIONAL ORDER |
|  |  |
|  | In the Interest of       |
|  |  |
|  | Case Number:       |
|  |  |
|  |  |
| This is to inform you that the Dispositional Order in this case expires on      .       County does not intend to pursue extension of the Dispositional Order at this time for the following reasons: |
|  |  |
|  |       |
|  |  |
| This recommendation is based on my knowledge of the case as of the date of this notice. It is possible that the family's circumstances and the safety status of the child(ren) may change prior to the actual expiration date of the Dispositional Order. Should that occur, I will immediately notify all parties of the change in circumstances and seek an extension of the Dispositional Order. |
|  |
| If you have questions or concerns regarding this recommendation, contact me within five (5) days of receipt of this notice. |
|  |
|  |
|  |
|  |
|  |  |  |       |  |
|  | **SIGNATURE** - Social Worker |  | Date Signed |  |
|  |
|  |
|  |
|  |  |  |       |  |
|  |  **SIGNATURE** - Supervisor |  | Date Signed |  |