



# COLLABORATIVE CARE CASE REQUEST FOR CASE DISMISSAL

State Form 56005 (3-16)  
DEPARTMENT OF CHILD SERVICES

**Instructions:** This form is to be completed by a youth requesting to have his or her Collaborative Care Case dismissed. The Collaborative Care Case Manager (3CM) will include the court's address in the form below before providing it to the youth. The youth is to return the completed form to his or her 3CM. The 3CM must submit this form, along with other required documents, to the court prior to case dismissal. See policy, 11.28 for Dismissal of a Collaborative Care (CC) Case, for further instructions.

I, \_\_\_\_\_, am requesting that my Collaborative Care Case be dismissed.  
*(print name)*

I am requesting this based on the following reasons:

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I acknowledge I have been advised that I will remain eligible for Voluntary Older Youth Services (OYS) up to the age of twenty-one (21). I understand I will continue to be eligible to return to the Collaborative Care Program up to the day before my twentieth (20<sup>th</sup>) birthday and that all program requirements previously implemented will remain. I may return to the Collaborative Care Program by contacting the DCS hotline at 1-800-800-5556

- I feel that I am leaving the Collaborative Care program  with /  without (*check one*) sufficient information to live independently. \_\_\_\_\_ (*Youth Initials*)
- I have /  have not (*check one*) discussed case closure with my Court Appointed Special Advocate / Guardian ad Litem Representative (CASA/GAL) at this time. I further acknowledge that I have not been promised anything or coerced to request this dismissal. \_\_\_\_\_ (*Youth Initials*)
- I am /  am not (*check one*) requesting a court hearing be held so that I may explain to the court why I want my case dismissed. (*If requesting a court hearing, send a copy of this form to the address of the court below.*) \_\_\_\_\_ (*Youth Initials*)
- I understand the court may schedule a hearing and request my presence. I understand that it is my responsibility to contact the court at the address below to request a hearing.  
\_\_\_\_\_ (*Youth Initials*)

Additional Comments

Mailing Address of Court (*number and street, city, state, and ZIP code*) (*to be entered by 3CM*)

Signature of Collaborative Care Youth	Date ( <i>month, day, year</i> )
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Printed Name of Collaborative Care Youth

Mailing Address of the Collaborative Care Youth (*number and street, city, state, and ZIP code*)

Signature of Witness	Date ( <i>month, day, year</i> )
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Printed Name of Witness