

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of (use initials only): )  
)  
)  
)  
)  
A minor under 18 years of age. )  
)  
Date of birth: \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

**REQUEST FOR REVIEW HEARING  
ON PLACEMENT DENIAL**

1. I am an adult family member or adult family friend of the minor child(ren) named above.
2. The Office of Children's Services denied placement of the child(ren) with me because:  
\_\_\_\_\_  
\_\_\_\_\_
3. I do not agree with the placement decision made by the Office of Children's Services. I believe that the child(ren) should be placed with me because:  
\_\_\_\_\_  
\_\_\_\_\_
4. I request a hearing to review the placement decision. I understand that my participation in this case is limited to participating in the hearing about denial of placement with me.  
 Attached is a copy of the denial notice **from the Office of Children's Services.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Daytime Phone Number

**ORDER**

IT IS ORDERED that the request for review hearing is GRANTED. A review hearing will be held on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m., at \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

<i>(For Court Use Only)</i>
I certify that on _____
I sent copies of this order to:
Clerk: _____

\_\_\_\_\_  
Type or Print Name