

IN THE JUVENILE COURT OF _____ COUNTY, TENNESSEE

STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES,
Petitioner,

v.

PARENT 1 and
PARENT 2
Respondents,

IN THE MATTER OF:
CHILD 1, DOB: _____
CHILD 2, DOB: _____
Children under the age of 18 years

Case No. _____

MOTION TO FOR SERVICES FOR THE CHILDREN

COMES now the Guardian ad Litem, _____, and hereby moves this Honorable Court for an Order for the Department of Children's Services to provide trauma-based counseling to the children, _____, _____, and _____.

In support of this Motion, the Movant would show the following:

- (1) On or about _____, 20__, the Department of Children's Services filed a Petition to Adjudication Dependency and Neglect and Severe Abuse and for Restraining Order alleging, among other things, that the children disclosed frequent inappropriate sexual contact with one another which was encouraged by their father. One of the children disclosed that the father raped all four children and would frequently engage in sexual contact with them. It was alleged that the children's mother was aware of this. The children reported being left repeatedly for as much as a week at a time by their parents with little or no food and no utilities in the home. It was alleged that the father gave marijuana to one of the children.

- (2) Since the filing of the Petition, the male children have made further disclosures concerning sexual abuse by their parents and grandfather.
- (3) Following the filing of the Petition, the male children participated in counseling funded by private insurance. However, due to an issue with their private insurance, they are no longer able to participate in counseling.
- (4) It is in the best interest of the male children who remain in the home to have a trauma assessment and follow all therapeutic recommendations and for the Department of Children's Services to provide all services that the children require.

WHEREFORE, PREMISES CONSIDERED:

1. Movants request that this Motion come before this court for a hearing on _____, 20__ at _____ a.m.
2. That upon a hearing on this matter that the Court order the Department of Children's Services to provide a trauma assessment for the children and follow recommendations.
3. For such other general relief for which movants may be entitled.

Respectfully submitted,

ATTORNEY NAME, BPR # _____
address
Phone Number
Attorney for Respondent

NOTICE OF HEARING

PLEASE TAKE NOTICE that the Motion is scheduled to be heard on _____, 20____
at _____ a.m. in the _____ County Juvenile Court. Be present if you wish to be heard.

CERTIFICATE OF SERVICE

I hereby certify that as of this _____ day of _____, _____, I hand
delivered, emailed, faxed and/or deposited in the United States Mail, with sufficient postage
thereon, a copy of the foregoing Motion addressed to:

[List the names and addresses of each attorney/person/party noticed.]

Attorney Name