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(name) Attorney  
County Office of Family and Children  
Address  
Phone

CERTIFICATION OF SERVICE

I hereby certify that a copy of the foregoing has been served to the Guardian ad  
Litem/CASA \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Attorney



2. There is a reasonable probability that:
  - a. The conditions that resulted in the child's removal or the reasons for placement outside the home of the parents will not be remedied; or
  - b. The continuation of the parent-child relationship poses a threat to the well-being of the child;
3. Termination is in the best interests of the child; and
4. There is a satisfactory plan for the care and treatment of the child.
5. None of the factors listed at Ind. Code 31-35-2-4.5(d) applies that would require the Court to dismiss this petition.

Respectfully submitted,

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Attorney for O.F.C.

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CASA/GAL

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing has been mailed to

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this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_.

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Attorney for O.F.C.



the current case plan, permanency plan, or decree, has not expired.

(\_\_\_\_) 4. That:

- (A) IC 31-34-21-5.6 is not applicable to the child;
- (B) The county office of family and children has not provided family services to the child, parent, or family of the child, in accordance with applicable provisions of a currently effective case plan under IC 31-34-15, or a permanency plan or dispositional decree approved under IC 31-34; and
- (C) The services that the county office of family and children has not provided are substantial and material in relation to implementation of a plan to permit safe return of the child to the child's home.

Wherefore it is requested that the petition for termination of the parent-child relationship be dismissed.

Respectfully submitted,

\_\_\_\_\_  
Attorney for \_\_\_\_\_ parent

**CERTIFICATION OF SERVICE**

I hereby certify that a copy of the foregoing has been served on the following persons by first class mail: \_\_\_\_\_, attorney for \_\_\_\_\_ O.F.C., \_\_\_\_\_, CASA/GAL.

\_\_\_\_\_  
Attorney for \_\_\_\_\_ parent



because (a) the child's participation in the hearing would create a substantial likelihood of emotional or mental harm to the child, as certified by the report of a psychiatrist, physician, or psychologist, which report is attached hereto and incorporated herein as an exhibit; or (b) a physician has certified that the child cannot be present in the courtroom for medical reasons, which report is attached hereto and incorporated herein as an exhibit; or (c) evidence has been introduced concerning the effect of the child's testifying in the courtroom, and the court finds that it is more likely than not that the child's testifying in the courtroom creates a substantial likelihood of emotional or mental harm to the child.

5. All necessary parties and their attorneys have been informed of Petitioner's desire to have the child testify outside the courtroom through service of this Motion, and this Motion has been filed at least twenty (20) days before the proceedings.

6. The (county) County Office of Family and Children requests that only the following persons be present in the same room as the child during the child's testimony: a person assigned by the court who is necessary to operate the closed circuit television equipment and \_\_\_\_\_, a person whose presence the Court finds will contribute to the child's well-being.

WHEREFORE, the (county) County Office of Family and Children respectfully requests that the Court order that the testimony of (child's name) shall be produced by means of closed circuit television at the termination hearing. In the alternative, the County Office of Family and Children requests that a hearing be scheduled to determine whether the child's testimony should be produced by means of closed circuit television.

Respectfully submitted,

\_\_\_\_\_  
Attorney  
County Office of Family and Children  
Address  
Phone

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing has been served to all parties of above named case this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Attorney



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(Doctor), Ph.D.  
Clinical Psychologist  
(Mental health facility)

Sworn to me and subscribed in my presence, a Notary Public in and for the State of  
Indiana, County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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Notary Public