

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

In Re:	DOB
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PETITION FOR SPECIAL FINDINGS OF A VULNERABLE NONCITIZEN CHILD
14 V.S.A. § 3098

Filer Information:

Name: _____
Street Address: _____ City/State/Zip: _____
Mailing Address (if different from Street Address): _____
City/State/Zip: _____ Email Address: _____
Daytime Phone: _____ Evening Phone: _____
Attorney Name: _____ Attorney Phone: _____

- I ask the court for an order to protect _____ (name of child). The child:
 - is not a U.S. citizen,
 - is under 21, and
 - is not married.
- The child was:
 - ☐ found to be a dependent of the court on _____ (date).
 - ☐ legally committed to a State agency or department or an individual or entity appointed by the court on _____ (date).
 - ☐ placed under the custody of a State agency or department or an individual or entity appointed by the court on _____ (date).
- My relationship to the child is: _____ (describe).
- The child has suffered from abuse, neglect, abandonment, or similar circumstances. I believe the child's health, safety, or welfare is in jeopardy because: (attach supporting documents if needed)

5. The child may not be reunified with one or both parents due to abuse, neglect, abandonment, or a similar circumstance. Describe:

6. It is not in the best interest of the child to return to their country of origin, their parent's country of origin, or the country of last habitual residence because: *(attach supporting documents if needed)*

7. I ask for these additional things:

8. ☐ It is in the best interest of the child for this case to be decided expeditiously.

Date

Signature

Printed Name

You are required to provide information about the other parties in this case including the Guardian, Petitioner, Respondent, and/or Interested Persons.

Other Party Information

Name: _____

Street Address: _____

City/State/Zip: _____

Mailing Address *(if different from Street Address)*: _____

City/State/Zip: _____

Email Address: _____

Daytime Phone: _____

Evening Phone: _____

Attorney Name: _____

Attorney Phone: _____

Other Party Information

Name: _____

Street Address: _____

City/State/Zip: _____

Mailing Address *(if different from Street Address)*: _____

City/State/Zip: _____

Email Address: _____

Daytime Phone: _____

Evening Phone: _____

Attorney Name: _____

Attorney Phone: _____