

COUNTY[IES] DIVISION	TRIAL COURT OF MASSACHUSETTS JUVENILE COURT DEPARTMENT	DOCKET NO.
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Application for Child Requiring Assistance
 In Re: _____

AGREEMENT/MOTION TO EXTEND INFORMAL ASSISTANCE 90 DAYS

This Court ordered informal assistance for 90 days after a preliminary hearing in this Court.

The above named child and the parent/legal guardian/custodian agree to an extension of informal assistance for 90 days in order to continue working with the probation department.

_____ Date
 _____ Child's Signature
 _____ Print Name
 _____ Attorney's Signature
 _____ Parent/Legal Guardian/Custodian's Signature
 _____ Print Name

PROBATION OFFICER ASSENT

I assent to the extension of informal assistance.

_____ Date
 _____ Signature
 _____ Print Name and Title

**ORDER OF THE COURT
(FOR COURT USE ONLY)**

The Agreement /Motion to Extend Informal Assistance is approved.

The Agreement /Motion to Extend Informal Assistance is denied.

The case is scheduled in this Court for an Informal Assistance Review Hearing on _____ at _____.

_____ Date
 _____ Justice's Signature