

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA
FAMILY/JUVENILE DIVISION

IN THE INTEREST OF:

Case No. xxxx

xxxxxxx DOB / /

Minor Child

_____ /

MOTION BY CHILD'S ATTORNEY
FOR NOTICE OF APPOINTMENT ORDER
AND ORDER FOR RELEASE OF RECORDS

COMES NOW, the undersigned attorney for the above captioned Child, and respectfully moves this Court to issue an Order that can be used to provide notice and access to individuals and agencies that do not need to be informed of the circumstances that prompted the appointment of Counsel.

1. The Minor Child, xxxxxx, is adjudicated dependent and was provided Court-Appointed Counsel per FL. Statute, Section 39.01305.
2. xxxxxx is entitled to legal representation because he did not assent to prescribed psychotropic medications.
3. The facts and circumstances of xxxxx's private medical status are confidential and need be provided to others on a need to know basis only.
4. The Attorney representing the Child requests a separate Appointment Order that can be used to notice outside agencies and individuals.
5. The Attorney for the Child requests that such Order also facilitate access to information and records needed to provide a complete range of legal services to the Child.
6. The undersigned Attorney additionally requests that such Order clarity and describe the role of the Attorney for the Child.
7. Such Orders have been proposed and successfully used in other Circuits.

8. Counsel for both parents, for the Department, and for the Guardian Ad Litem Program were provided copies of this motion and the proposed Order. There each gave no objection.

WHEREFORE, the Attorney for the Child, respectfully requests this Court to issue a separate, combined Notice of Order Appointing Child's Attorney and Order for Release of Records.

Dated: August 29, 2014

Respectfully Submitted,

By: /S/ Barbara Glass
Barbara Glass Esq.
Florida Bar No. xxxxxxxx
Bgrnjd@gmail.com
XXXXXXXXXX
Orlando, Florida
xxxxxxx- Telephone
Attorney for the Child

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the following by electronic mail on this 29th day of August, 2014:

Circuit Court (via E-file)
GAL Program Attorney (via xxxxxx@gal.fl.gov)
D.C.F./C.L.S Attorney (via xxxxxx@dcf.state.fl.us)
Regional Counsel Office, Mother's Attorney (via xxxxxx@rc5state.com)
Father's Attorney (via xxxxxxxxatty@xxxxxx.com)
Case Manager (via xxxxxx@xxxxxx.org)

/S/ Barbara Glass
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Attorney for the Child