**PORD**

ATTORNEY CONTACT INFO

Attorney for XXX

In conjunction with Legal Aid Center of Southern Nevada Pro Bono Project

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION – JUVENILE

CLARK COUNTY, NEVADA

In the Matter of: ) Case No.: J

) Dept. No.:

**CLIENT 1,**  )

DOB: )

)

**CLIENT 2,**  )

DOB: )

)

**CLIENT 3,**  )

DOB: )

)

Minors. )

)

**ORDER FOR SIBLING VISITATION**

The matter having come forward on *Date* before this Court with *Attorney*, Esq., appearing on behalf of Subject Minors, *CLIENT 1, CLIENT 2,* and *CLIENT 3*. *District Attorney*, Deputy District Attorney, appearing on behalf of the Department of Family Services represented by *Case Manager*; and attorneys *Attorney*, Esq. and *Attorney*, Esq., appearing on behalf of natural parents. The Court, having heard oral argument, makes the following:

/ / /

**FINDINGS:**

1. *CLIENT 1, CLIENT 2,* and *CLIENT 3* are currently under the jurisdiction of the Eighth Judicial District Court in Clark County, Nevada.
2. The permanency goal for *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* is adoption as all the kids are free for adoption.
3. *CLIENT 1* and *CLIENT 2* are currently placed together in Nevada with their paternal grandmother who is an adoptive resource for the children.
4. *CLIENT 3* is placed with a paternal aunt and uncle in California who are an adoptive resource for *CLIENT 3*.
5. *CLIENT 1*, *CLIENT 2*, and *CLIENT 3*have a sibling bond.
6. *CLIENT 1* and *CLIENT 2* have monthly contact with *CLIENT 3* by phone and video.
7. It is in the best interest of *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* that consistent sibling contact be allowed pursuant to NRS 432B.580(4).

**WHEREFORE IT IS HEREBY ORDERED THAT:**

1. *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* shall maintain telephone and/or video contact at least once every month.
2. *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* shall have one in-person visit per year if possible.
3. The caregiver for *CLIENT 1* and *CLIENT 2* and the caregivers for *CLIENT 3* shall communicate with each other and arrange dates and times for the regular telephone/video contact and the yearly in-person visit. Any and all contact shall take into account the children’s school, social, and vacation dates.
4. The respective caregivers for *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* may supplement the contact and/or visits at their choosing to include birthdays, holiday celebrations, or special events. These additional visits are at the option of the parties and are not required.
5. In the event that that *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* and their families relocate outside of their respective states, the caregivers will notify the other as to an alternative in-person arrangement. This Agreement shall not preclude any of the caregivers from relocating.
6. The caregivers for *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* have previously exchanged contact information including email addresses and phone numbers. The caregivers will notify the other within ten (10) business days if either of their contact information changes.
7. Visits shall commence pursuant to this Order upon filing of the Notice of Entry of Order and shall continue until such time that *CLIENT 1*, *CLIENT 2*, and *CLIENT 3* reach the age of majority or until further Order of this Court.
8. This Sibling Visitation Order shall be merged and incorporated into any and all future Decrees of Adoption.
9. DFS shall notify the Court that finalizes any and all future adoptions that a Sibling Visitation Order exists and that it should be incorporated into the Decree of Adoption.

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Submitted by:

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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