Letter to be Sent in Case No Consent on File and Juvenile Resident or Incarcerated Youth is in need of Non-Emergency Treatment, Procedure or Medication.

Hon. [Judge]
[County] District Court – Juvenile Div.

RE: [Juvenile's Name]
[DOB]
[Court File #]

Your Honor:

The juvenile resident/incarcerated youth named above was committed to the custody of the Commissioner of Corrections [for placement at _____/and placed at _____] pursuant to a condition of probation on [date].

In an attempt to ensure that the juvenile resident's/incarcerated youth's parent(s) or legal guardian(s) would be afforded their appropriate guardianship rights to consent to recommended medical, dental, mental, and/or other health services, the Department of Corrections has made [x number)] attempts to contact the parent(s) or legal guardian(s), [Name(s) of Parent(s)/Legal Guardian(s)], asking them to sign a general consent form. We have [been unable to locate/ not had any response from] [Name(s) of Parent(s)/Legal Guardian(s)].

The juvenile resident/incarcerated youth is in need of [describe treatment, procedure, or medication that is recommended] in order to [describe desired outcome]. It is the Department's position that delay in providing this care would be contrary to best medical practices and the interests of the juvenile resident/incarcerated youth.

The Department of Corrections respectfully requests that the Court consider issuing an order pursuant to its authority[under Minn. Stat. § 260B.198, Subd. 1 (7)], permitting the juvenile resident/incarcerated youth to be provided [describe specific treatment procedure or medication] until such time as his parent(s) or legal guardian(s) [are located/respond], until the need for such treatment has ended, or until he reaches the age of majority.

Sincerely,

_____
Practitioner

_____
Facility Warden/Superintendent or Designee

Copy: document section of electronic medical file