



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**NOTICE TO COURT**

(Report of AWOL, Return from AWOL, and Resultant Change in Placement Expiration Date)

<b>A. YOUTH/COURT IDENTIFICATION</b>			OCFS CASE NUMBER:
NAME OF YOUTH: (LAST)	(FIRST)	(MI)	DATE OF BIRTH:
PLACING COURT (Check One): <input type="checkbox"/> FAMILY <input type="checkbox"/> CRIMINAL <input type="checkbox"/> SUPREME <input type="checkbox"/> OTHER, SPECIFY:			
COURT LOCATION (County/City):			DOCKET NUMBER:

**B. NOTICE OF AWOL**  
(Statutory Authority: Executive Law, Section 510-b, Subsection 2)

NAME OF OCFS OR AUTHORIZED AGENCY FACILITY FROM WHICH ABSENT:	
ADDRESS FACILITY LOCATED AT:	BEGINNING DATE OF ABSENCE:

**C. NOTICE OF RETURN FROM AWOL**

The above-named youth, previously reported absent as of \_\_\_\_\_ from \_\_\_\_\_  
DATE

\_\_\_\_\_ has returned as of \_\_\_\_\_  
FACILITY NAME DATE

The youth is now in residence at \_\_\_\_\_, located at \_\_\_\_\_  
FACILITY NAME

\_\_\_\_\_  
FACILITY ADDRESS

**D. NOTICE OF CHANGE IN PLACEMENT EXPIRATION DATE (LIMITED SECURE AND LIMITED NON-SECURE FACILITIES)**

In accordance with Section 510-b, Subsection 2, of the Executive Law, the Office of Children and Family Services hereby notifies the placing Family Court of a change in placement expiration date, resulting from the absence without permission of the above-named youth from an OCFS facility, or an Authorized Agency facility, for a 24-hour period or multiples of full 24-hour periods. (Example: AWOL of 71 hours will advance expiration date by two, not three, days) For the purposes of calculation, the term AWOL shall also mean to include custody situations which under the law cannot be credited against the time of placement.

DATES OF AWOL PERIOD (BEGINNING):	(ENDING):	TOTAL NUMBER OF AWOL DAYS:
PLACEMENT EXPIRATION DATES (PRESENT):	(NEW):	

**NOTE:** Should the court wish to question the above action or contemplate any other action, the person /facility cited below should be contacted.

**E. FACILITY/CASE MANAGER CONTACT INFORMATION**

FACILITY/ TEAM:		TELEPHONE (Area Code) Number:
ADDRESS:		
COMPLETED BY (Name):	Title:	Date:
SIGNATURE: <b>X</b>		

**NOTE:** This form must be completed for all AWOL's from residential programs, including those from Fostercare and Day Service programs. AWOL tolling does not apply to youth on unauthorized absence from Aftercare.