**SAO**

ATTORNEY, ESQ.

Nevada Bar No. Bar #

Address

**EIGHTH JUDICIAL DISTRICT COURT**

**FAMILY DIVISION - JUVENILE**

**CLARK COUNTY, NEVADA**

In the Matter of: ) Case No.: J

 ) Dept. No.:

**CLIENT,** ) Courtroom:

DOB: Date of Birth )

AGE: Age YEARS OLD )

 )

 A MINOR. )

 )

**STIPULATION AND ORDER FOR MEDICAL TREATMENT**

IT IS HEREBY STIPULATED by and between the subject minor, CLIENT, through her attorney, Attorney, Esq., of Firm, and the Clark County Department of Family Services, through its attorney, Deputy District Attorney Attorney, Esq., that pursuant to NRS 432B.560:

1. Mother’s parental rights were terminated as to CLIENTon Date.
2. CLIENThas been a ward of the Juvenile Court since Date.
3. CLIENTrecently met with Neurologist, Doctor, M.D., who determined CLIENTneeds an MRI without contrast on the brain; attached hereto as Exhibit “A” is a statement regarding treatment and the necessity of sedation for the MRI on the brain.
4. The Clark County Department of Family Services (“DFS”) is not opposed to CLIENT’s request for a MRI on the brain with sedation.
5. NRS 432B.560 grants this Court the authority to order any medical treatment considered to be in the best interest of a child.

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1. CLIENTis authorized to undergo sedation by a radiologist.

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ATTORNEY, ESQ. Date ATTORNEY, ESQ. Date

Nevada Bar No. Bar # Deputy District Attorney

Attorney for Subject Minor Nevada Bar No. Bar #

Attorney for Clark County

 Department of Family Services

DATED this Day day of Month, Year.

HEARING MASTER

 APPROVED AND SO ORDERED

DATED this Day day of Month, Year.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DISTRICT COURT JUDGE

Submitted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY, ESQ.

Nevada Bar No.: Bar #

Address

Exhibit “A”