**PMOT**

ATTORNEY, ESQ.

Nevada Bar No. Bar #

Address

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION – JUVENILE

CLARK COUNTY, NEVADA

In the Matter of: ) Case No.:

) Dept. No.:

**CLIENT,** ) HEARING REQUESTED

DOB: Date of Birth )

AGE: Age YEARS OLD )

)

A MINOR. )

)

**NOTICE: YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS MOTION WITH THE CLERK OF THE COURT AND TO PROVIDE THE UNDERSIGNED WITH A COPY OF YOUR RESPONSE WITHIN TEN (10) DAYS OF YOUR RECEIPT OF THIS MOTION. FAILURE TO FILE A WRITTEN RESPONSE WITH THE CLERK OF THE COURT WITHIN TEN (10) DAYS OF YOUR RECEIPT OF THIS MOTION MAY RESULT IN THE REQUESTED RELIEF BEING GRANTED BY THE COURT WITHOUT HEARING PRIOR TO THE SCHEDULED HEARING.**

**MOTION FOR MEDICAL TREATMENT REQUIRING ANESTHESIA**

COMES NOW, CLIENT, a minor, by and through counsel, Attorney, Esq., of Firm, and respectfully requests an order for a medically necessary procedure that will require the use of anesthesia.

This Motion is made and based upon the following Memorandum of Points and Authorities, the attached affidavit, the papers and pleadings on file herein, and such other documentary and oral evidence as may be presented at the hearing of this Motion.

DATED this Day day of Month, Year.

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

ATTORNEY, ESQ.

Nevada Bar No.: Bar #

Address

**MEMORANDUM OF POINTS AND AUTHORITIES**

**I. INTRODUCTION**

CLIENT was made a ward of the court on Date and has remained so since that date. CLIENT came to the attention of DFS in Month of Year due to the facts regarding the natural mother’s, Mother, use of marijuana and benzodiazepines for which she has no prescription. Mother had no stable residence and had been living from place to place in a home that was infested with roaches and not suitable for a minor child. The named putative father, Father, had failed to provide any financial, emotional or other support for the child.

Since the inception of this case, the putative father, Father, has not had any contact with DFS and has not offered to support his child. Mother failed to work a case plan to be reunited with CLIENT and as a result of her behaviors, CLIENT came to the attention of the Court in Petition #2 due to Mother’s continued use of drugs, her failure to address her mental health issues and the removal of an additional sibling Sibling.

On Date, the Court terminated the parental rights of Father and all other persons. On Date, the Court terminated the parental rights of Mother when she failed to appear for the trial as to her parental rights. Therefore, the Court must consent to all medical treatment at this time as CLIENT remains a ward of the court.

In Month of Year, CLIENT was seen by Doctor of Children’s Urology Associates. Doctor has determined that CLIENT has phimosis of the foreskin resulting in a tight phimotic band and an inability to retract the foreskin with a history of ballooning of the foreskin with urination. It will require surgery to correct the issue. The surgery will require that CLIENTbe placed under anesthesia.

**II. LEGAL ARGUMENT**

CLIENT is a four (4) year old who is diagnosed with phimosis. It was determined that CLIENTwill need surgery to undergo a procedure that will require anesthesia to treat the issue. (*See*, Doctor’s report of consultation, attached hereto and incorporated herein as Exhibit “1”).

Pursuant to NRS 432B.560, the Court may order “the child, a parent or the guardian to undergo such medical, psychiatric, psychological, or other care or treatment as the court considers to be in the best interests of the child.” As a Ward of this Court, CLIENTneeds to have a procedure to address the diagnosis of phimosis. Further, because CLIENT is a Ward of this Court and the parental rights to this child were terminated by the Court, Counsel seeks to inform the Court of the procedure as it is not a “routine medical procedure” as it requires CLIENT to be administered anesthesia. Furthermore, Counsel seeks for this Court to make the determination that the medical treatment with general anesthesia is in CLIENT’s best interest and is medically necessary.

**III. CONCLUSION**

Based on the foregoing, CLIENTrespectfully requests the Court grant this motion and issue an order as follows:

1. Findings that the medical treatment with general anesthesia is medically necessary and in the best interest of CLIENT.
2. The Clark County Department of Family Services, by and through its designated representative, Case Manager, has the authority to execute the necessary documents for the medical treatment.

Respectfully submitted this Day day of Month, Year.

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

ATTORNEY, ESQ.

Nevada Bar No.: Bar #

Address

**AFFIDAVIT OF COUNSEL**

STATE OF NEVADA )

)ss.

COUNTY OF CLARK )

I, Attorney, after being first duly sworn, deposes and says:

1. I am a licensed practicing attorney, appointed to represent the subject minor, CLIENT. I have personal knowledge of the facts alleged herein or the assertions are based on information and belief.
2. CLIENT was made a ward of the Court on Date and remains in the custody of the Clark County Department of Family Services.
3. CLIENT is currently placed in a foster home.
4. The parental rights as to the putative father, Father, and all other persons were terminated on Date. The parental rights as to the mother, Mother, were terminated on Date. Therefore, the Court must grant permission for the medical treatment.
5. CLIENT’s treating doctor, Doctor, has determined that it is in CLIENT’s best interest to have this procedure to address the phimosis and it is medically necessary.

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

SUBSCRIBED AND SWORN to before me

this Day day of Month, Year.

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

NOTARY PUBLIC in and for

County of Clark, State of Nevada

***CERTIFICATE OF SERVICE***

I HEREBY CERTIFY that on the Day day of Month, Year, I served the foregoing **MOTION FOR MEDICAL TREATMENT REQUIRING ANESTHESIA** by the Court’s electronic system (EFS E-File & Serve) and/or depositing in the U.S. Mail in a sealed envelope with first-class postage fully prepaid thereon, to the following:

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

An employee of

Firm

Exhibit “A”