

COURT REPORT FOR EXTENSION OF DISPOSITIONAL ORDER - CHILD IN PARENTAL HOME

Date:

The Honorable Judge

Court Case Number:
Case Type: CHIPS

Hearing Date:
Hearing Time:

Revision of Court Order
County:
eWiSACWIS Case Number:

IDENTIFYING INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	Age
Address (Street, City, State, Zip Code)		Social Security Number
American Indian Status: Yes <input type="checkbox"/> No <input type="checkbox"/>		American Indian Tribal Name:

Caretaker

Name (Last, First, MI)	Telephone Number
Address (Street, City, State, Zip Code)	

Mother

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	Name - Mother's Spouse

Father

Name (Last, First, MI) Status: Adjudicated <input type="checkbox"/> Presumptive <input type="checkbox"/> Alleged <input type="checkbox"/>	Birthdate (mm/dd/yyyy)
Address (Street, City, State, Zip Code)	
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	Name - Father's Spouse

Documentation of American Indian status provided by:


In the interest of _____, a child who is living in the home of _____ parent / legal guardian, the _____ County Department of Human Services is presenting the following report. The Agency is requesting an extension of the dispositional order.


I. Child's Court History

II. Review of Case/Current Situation

III. Efforts to Meet the Objectives of the Treatment Plan, Plan of Care and / or Plan of Rehabilitation

A. Efforts of the Mother


 Efforts of the Father


 Efforts of the Child


IV. Efforts of the Agency to Implement the Objectives of the Treatment Plan, Plan of Care, and / or Plan of Rehabilitation

V. Explanation of Why the Efforts of the Child, Family, and the Agency Have Not Succeeded in Meeting the Objectives



VI. Plan to Reach the Objectives


A.  mended Changes to the Treatment Plan.

B.  line for the Child and Family to Reach the Objectives.


C.  Availability of Services and Funding.

VII. Recommendations of the Agency

 It is recommended that the child be placed under the supervision of  County Human Services Department.

B.  The child's legal custody will remain with the parent(s).

B. The child's placement will remain with the parent(s).

D.  County Human Services Department shall be designated as the agency primarily responsible for the provision of services to the child and family.

VIII. Conclusions















IX. Signatures

Worker

NAME - Worker

SIGNATURE - Worker

/ /
Date Signed

Supervisor

NAME  Supervisor

SIGNATURE - Supervisor


Date Signed

