

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

Date:

The Honorable Judge

Court Case Number:

Hearing Date:

County:

Case Type: CHIPS

Hearing Time:

eWiSACWIS Case Number:

IDENTIFYING INFORMATION

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

Father

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

Declaration of American Indian status provided by:

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

I. Child's Court History

On _____, this child was found to be in need of Protection and Services under Wisconsin Statute 938.12 (_____).

Child Placement History Not Applicable

Name - Child	Name - Provider	Start Date	End Date

Adjustments / Progress

III. Current Situation

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

A. Efforts of the Child

Efforts of the Family

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

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

VII. Plan to Reach the Objectives

A. Recommended Changes to the Treatment Plan.

B. Objectives

1. Child's

a.

2. Family's

a.

C. Timeline for the Child and Family to Reach the Objectives.

D. Availability of Services and Funding.

VIII. Signatures

Name – Worker (Print)

Telephone Number- Worker

SIGNATURE - Worker

Date Signed

Name – Supervisor (Print)

Telephone Number- Supervisor

SIGNATURE - Supervisor

Date Signed

cc:

ADDENDUM

IX. Recommendations of the Agency

1.

