

Prefills from eW if entered

Writer must enter information

Insert the Applicable Standard Statement (you are selecting from two)

Not Applicable

ATTACHMENT A – BMCW Memo Extension of Out-of-Home Care April 2015 INTERNAL USAGE ONLY

COURT REPORT FOR EXTENSION OF DISPOSITIONAL ORDER - CHILD IN OUT OF HOME CARE

Name - Judge Prefill in eW	Hearing Date Prefill eW	eWisACWIS Case Number Prefill eW
Court Number Prefill eW	County Milwaukee	Case Type CHIPS

IDENTIFYING INFORMATION

Name - Child (Last, First, MI) Prefill eW	Birthdate Prefill eW
American Indian Status Yes No	American Indian Tribal Name or Band Prefill eW

Current Caregiver

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

Mother Unknown

Name (Last, First, MI) Prefill eW	Birthdate Prefill eW
Address (Street, City, State, Zip Code) Prefill eW	Telephone Number Prefill eW
Marital Status Married Single Widowed Divorced	Name - Spouse Writer Enters Applicable Name
Status Birth Adoptive	

Father Unknown

Name (Last, First, MI) Prefill eW	Birthdate Prefill eW
Address (Street, City, State, Zip Code) Prefill eW	Telephone Number Prefill eW
Marital Status Married Single Widowed Divorced	Name - Spouse Writer Enters Applicable Name
Status Adjudicated Adoptive Alleged Presumptive	

Verification of American Indian status provided by: **Writer must enter information**

In the interest of **Enter Info**, a child who is in substitute care placement, the Agency is presenting the following report. The Agency is requesting an extension of the dispositional order.

I. Child's Court History

On **Enter Info**, this child was originally found to be a child in Need of Protection and Services under Wisconsin State Statute s. 48.13 (Enter Info) by the Honorable Children's Court Judge **Enter Name**. The most recent court order(s) due to expire on **Enter Date**.

II. Child's Placement History and Adjustment to Placement

A. Prior Placements

Name - Child	Name - Provider	Begin Date	End Date
Prefill eW	Prefill eW	Prefill eW	Prefill eW

Child's Adjustment to the Prior Placement(s)

Writer must enter updated information

B. Child's Adjustment to the Current Placement

Writer must enter updated information and insert the applicable statement

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

OR

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however, {Insert Name} has indicated that she/he will sign a Voluntary Transition to Independent Living Agreement (VTILA) (DCF-F-5030). The agency is requesting the court to schedule a hearing for this matter.

III. Parent's Efforts to Remedy the Factors Which Contributed to the Child's Placement

A. Mother's Efforts to Remedy the Factors

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B. Father's Efforts to Remedy the Factors

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IV. Evaluation of the Plan of Care, Treatment, and / or Rehabilitation for the Child and Family

A. Social Worker's Evaluation of the Effectiveness of the Case Plan for the Family

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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B. Social Worker's Evaluation of the Effectiveness of the Case Plan for the Child

Writer must enter information

The agency must explain the youth's wishes not to extend his or her Dispositional Order and/or sign a VTILA along with the agency's efforts to explain the option of the *Extension of Out-of-Home Care* policy along with the agency's actions to prepare the youth for case closure.

C. Social Worker's Recommendation for Changes to the Plan

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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V. The Agency's Efforts to Return the Child Safely Home

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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VI. Reasons Why the Return of the Child to the Parental Home is Not Safe or Feasible

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VII. Parental Visitation

A. Current Visitation Plan

Writer must enter information

B. Social Worker Recommendation for Changes in Visitation Plan

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VIII. Permanency Plan and Permanency Plan Review Panel Report

The current permanency plan goal is:

Name - Child	Permanency Goal
Prefill eW	Prefill eW

Attached and incorporated herein by reference is the current permanency plan and the most recent Permanency Plan Review Panel Summary dated Prefill eW.

IX. Information on a Child Placed in Out-of-Home Care for Fifteen (15) of the Most Recent Twenty-Two (22) Months

A. Recommendations and Reasons for Pursuing or Not Pursuing TPR

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that

he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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B. Progress Toward TPR

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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C. Barriers to Achieving TPR

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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D. Steps Taken or Planned to Overcome the Barriers to TPR and the Date the Steps Will be Completed

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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E. Reasons that Adoption is in the Best Interest

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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F. Progress in Locating an Appropriate Adoptive Resource

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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G. Need For the Above Named Child to Be Listed on the Wisconsin Adoption Exchange

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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X. Recommendations of the Agency

- A. It is the recommendation that the current order(s) be extended (and revised) for a period of **Not Applicable**
- B. That, Child's Name, the above named child continue in placement with Prefill eW at Prefill eW .
- C. That the legal custody of Child's Name , the above named child, should be awarded to **Not Applicable**
- D. That **Not Applicable** parent of the above named child, shall meet the following conditions prior to the return of the above named child to her home. Indicate whether conditions are for mother (M), father (F) or both (B). Also indicate any conditions that apply to the child (C). Use the examples that apply and/or list other examples.

1. Stay in touch with and cooperate with your worker. M F B

For example:

- Meet with your worker when asked.
- Let your worker into your house with or without notice.
- Tell your worker your address, telephone number, and who lives with you.
- Tell your worker as soon as any of these things change.
- Sign papers necessary for your case (release of information, forms, etc.).
- Cooperate with your worker to arrange the treatment or programs required by the order.
- Be able to be reached and be available to your worker to make medical, psychological, and educational decisions about the children.
- Give your worker copies of any papers you get which show that you have completed or participated in any programs.

Other examples:

2. Have a safe, suitable and stable home. M F B

For example:

- Have enough food, clothes, beds, bedding and furniture for your children and everyone who lives there.
- Have a working stove and refrigerator, electricity, heat and running water.
- Pay your bills on time.
- Keep your home clean and safe.
- Feed your children healthy food.
- Do not let people who are dangerous to your children in your house.
- Keep all dangerous things out of your children's reach.

Other examples:

3. Have regular and successful visits with the children. M F B

For example, regular visits mean:

- Cooperate with your social worker in arranging a visitation plan that works for everybody.
- Be responsible for getting to visitation, including asking for bus tickets or transportation if required.
- Be on time for scheduled visits and stay until the end of each scheduled visit.
- Tell your worker and the foster parent in advance if a visit must be canceled or if you will be late.

For example, successful visits mean:

- Pay attention to your children during the entire visit or make sure they are watched by a responsible person at all times.
- Talk to and play with your children, as a parent should.
- Use parenting methods you learned in parenting or nurturing classes.
- Use proper discipline.
- Make sure that all needs of the children are met during the visit.
- Do not use drugs or alcohol before or during any visit.

Other examples:

4. Reasons for the limits.

5. Show that you are interested in your children.

M F B

For example:

- Call your children regularly and at reasonable times.
- Participate in your children's school programs and medical visits. Cooperate with staff and do what they tell you to help your children.
- Avoid things that will make it harder for you to have your children returned. For example, do not do things that can cause you to go to jail or prison. Do not move away from your current area of residence, or choose friends or roommates who are dangerous.
- Do not use alcohol or illegal drugs before or during any visit.

Other examples:

6. You must not interfere with the placement of your children or with any of the services they are receiving.

M F B

For example:

- Respect the rights of foster parents or relatives where your children live.

Other examples:

7. Complete a psychological evaluation / reevaluation and complete any recommended programs.

M F B C

Applies to:

For example:

- Go to a psychological evaluation/reevaluation to be done by _____ (and let the psychologist see how you act with your children).
- Tell the truth.
- Do what you are asked to do.
- Meet with your worker to talk about the report when the evaluation is finished.
- Go to the treatment and counseling programs that are recommended.
- Do what the treatment people ask you to do.
- Stay in the programs until the people who run them tell you that you have completed the programs.

Other examples:

8. Complete any programs recommended in the psychological evaluation.

M F B C

Applies to:

For example:

- Meet with the worker to talk about the psychological evaluation report done by _____ on _____.
- Go to the treatment and counseling programs that are recommended.
- Do what the treatment people ask you to do.
- Stay in the programs until the people who run them tell you that you have completed the programs.

Other examples:

9. Complete a psychiatric evaluation and complete any recommended programs.

M F B C

Applies to:

For example:

- Go to a psychiatric evaluation to be done by _____.
- Tell the truth.
- Do what you are asked to do.
- Meet with your worker to discuss the report once the evaluation is finished.
- Go to the treatment and counseling programs that are recommended.
- Stay in the programs until the people who run them tell you that you have completed the programs.
- Take any medications that your treating doctor or psychiatrist tells you to. (This should not be interpreted to mean that the Court is ordering the administration of psychotropic medications.)
- Manage your mental illness or personality disorder so that it does not interfere with your ability to parent your children.

Other examples:

-
10. Complete any programs recommended by your psychiatrist. M F B C

Applies to:

For example:

- Go to the treatment and counseling programs that are recommended.
- Do what the treatment people ask you to do.
- Stay in the programs until the people who run them tell you that you have completed the programs.
- Take any medications that your treating doctor or psychiatrist tells you to. (This should not be interpreted to mean that the Court is ordering the administration of psychotropic medications.)
- Manage your mental illness or personality disorder so that it does not interfere with your ability to parent your children.

Other examples:

-
11. You must not hurt your children or let anyone else hurt your children. M F B

For example, your children are being hurt if they:

- Are being hit with cords, belts, sticks or other objects.
- Have bruises, cuts, burns or marks of any kind.
- Are having sexual contact with anyone.
- Are shown or allowed to see sexual activities.

Other examples:

-
12. Cooperate with your children's therapist when asked. M F B

For example:

- Attend meetings.
- Tell the truth.
- Do what the therapist asks you to do.
- Ask what you can do to help your children.
- Show that you have learned safe ways to treat your children.

Other examples:

-
13. You must not allow contact between your children and _____. M F B

For example, unless the therapist and your worker both say that you can, you must not let (the person who abused your child):

- See your children.
- Talk to your children by telephone.
- Send letters or messages to your children.

Other examples:

14. Complete any recommended alcohol or other drug abuse (AODA) programs. M F B C

Applies to:

For example:

- Go to an AODA assessment when it is scheduled.
- Tell the truth.
- Meet with your worker to talk about the report when the evaluation is finished.
- Do not use illegal drugs.
- Do not use alcohol if the evaluation says you have an alcohol problem.
- Go to the treatment and counseling programs that are recommended.
- Stay away from people who abuse drugs or alcohol.
- Do not allow drug use or drug users into your home or where your children are.
- Do what the treatment people ask you to do.
- Stay in the programs until the people who run them say you can leave the programs.
- Give a urine sample for a drug or alcohol test if you are asked to do so. If you do not give a sample when asked to do so, your worker and the court will believe you have used illegal drugs or alcohol.

Other examples:

15. Resolve all criminal charges and cooperate with your probation or parole officer. M F B C

Applies to:

16. Show that you can care for and control your children properly and that you understand their special needs. M F B

For example:

- Go to any parenting or nurturing programs set up by your worker and do what the program people tell you to do.
- Go to any community support program recommended by your worker and do what the program people ask you to do.
- Stay in the programs until the people who run them tell you that you have completed the programs.
- Have childcare or day care that is approved by your worker.
- Do not leave your children in the care of anyone not approved by your worker.
- Make sure that your children see the doctor and dentist when they should.
- Talk to doctors, teachers, and other people who care for your children to learn what your children need.
- If you do not know who the doctors, teachers or other caretakers are, you should ask your worker to help you.
- If your child is on prescription medication or has special medical needs, you must give the medication and take care of the special needs as ordered by the doctor. (This should not be interpreted to mean that the Court is ordering the administration of psychotropic medications.)

Other examples:

17. Complete any programs recommended by your worker. M F B C

Applies to:

For example:

- Go to the individual therapy, family counseling, domestic violence, group counseling, anger management, couples counseling, etc., program recommended by your worker.
- Do what the program people ask you to do.
- Stay in the programs until the people who run them tell you that you have completed the programs.

Other examples:

E. Permanency Plan Recommendation(s)

{Insert Name} is eligible for Extension of Out-of-Home Care as defined by Wisconsin State Statute 48.366; however {Insert Name} is requesting to be discharged from out-of-home care and is indicating to the agency that he/she does not want his/her Dispositional Order extended beyond the age of 18/19 through 21. The agency is requesting the court to schedule a hearing for this matter.

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F. Support Recommendation(s)

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XI. Signatures

Prefill eW

Name - Worker

SIGNATURE - Worker

Date Signed

Prefill eW

Name - Supervisor

SIGNATURE - Supervisor

Date Signed