



CHILDREN'S ADMINISTRATION

CHINS/ARY Report to Juvenile Court

Please check one CHINS ARY

HEARING DATE (IF KNOWN)

| | | | | |
|--|--|---|------------------|----------|
| DCFS CASE NUMBER | CUSTODIAL PARRENT <input type="checkbox"/> Mother <input type="checkbox"/> Father | INTERPRETER SERVICES REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No | SPECIFY LANGUAGE | |
| CHILD'S NAME | | | DATE OF BIRTH | SEX |
| CHILD'S CURRENT ADDRESS | | CITY | STATE | ZIP CODE |
| FATHER'S NAME | | | | |
| FATHER'S ADDRESS | | CITY | STATE | ZIP CODE |
| MOTHER'S NAME | | | | |
| MOTHER'S ADDRESS | | CITY | STATE | ZIP CODE |
| GUARDIAN'S NAME | | | | |
| GUARDIAN'S ADDRESS | | CITY | STATE | ZIP CODE |
| PETITIONER'S NAME | | | CHILD'S ATTORNEY | |
| <p>Does the Child have any pending Juvenile court matters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, type of action:</p> <p><input type="checkbox"/> Services to achieve family reconciliation have been provided.</p> <p><input type="checkbox"/> Services to achieve family reconciliation have not been provided.</p> <p>Department recommendations: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree with filing a petition</p> <p>Comments:</p> | | | | |

| | | | |
|--------------------------------------|-------------------------|--|----------------|
| DATE OF FAMILY ASSESSMENT: | | | |
| DATE OF FAMILY ASSESSMENT INTERVIEWS | | DATE WRITTEN ASSESSMENT IS/WILL BE COMPLETED | |
| DCFS SOCIAL WORKER | | TELEPHONE NUMBER | |
| DCFS OFFICE ADDRESS | | CITY | STATE ZIP CODE |
| FOR COURT USE | | | |
| DATE OF FACT FINDING | DATES OF REVIEW HEARING | | |