

ATTENTION: This is an electronic form in FamLink. This Word version must only be used when FamLink is not available.



CA Children's Administration

Court Report

Hearing Information					
TYPE OF HEARING <input type="checkbox"/> Dependency Review Hearing <input type="checkbox"/> Fact Finding Hearing <input type="checkbox"/> Motion <input type="checkbox"/> Permanency Planning Hearing <input type="checkbox"/> Termination Hearing	DATE OF REPORT	PLAN COVERS FROM: _____ TO: _____			
		<input type="checkbox"/> Concurrent jurisdiction has been ordered / requested.			
DATE OF HEARING / REVIEW		TIME OF HEARING / REVIEW		LEGAL NUMBER	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			
Child's Information					
CHILD'S NAME	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	PRIMARY LANGUAGE	OPD
LEGAL STATUS OF CHILD	DATE OF SHELTER CARE	DATE OF DEPENDENCY		DATE OF TERMINATION OF PARENTS	
Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Type: _____ Status: _____					
RACE (CHECK ALL THAT APPLY) <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Canadian First Nations (CFN) <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> American Indian / Alaskan Native (AI / AN) <input type="checkbox"/> Other (specify): _____					
Is there reason to believe this child is American Indian / Alaskan Native? <input type="checkbox"/> Yes <input type="checkbox"/> No Child's Tribal status: Has the Tribe(s) been notified of this hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Recommendations by child's Tribe(s) or LICWAC: _____					

Placement

CHILD CURRENTLY RESIDES

In Home Out of Home

PLACEMENT TYPE

- Adoptive Home
- Court Ordered Unlicensed Placement
- Detention Center
- Family Crisis Residential Center
- Foster Home / Receiving Home
- Group Care – Staff Residential
- Group Crisis Residential Center
- Group Home
- Hospital
- Juvenile Rehabilitation
- Licensed Foster Home or Relative of Specified Degree
- Licensed Foster Home – Godparent / Supp Ntwrk / Tribal Rel / or Rel not Spec Deg
- Regional Assessment Center
- Regional Crisis Residential Center
- Relative of Specified Degree (Not Receiving Foster Care Payments)
- Secure Crisis Residential Center
- Supervised Independent Living
- Therapeutic Foster Home – BRS / CHAPS Contract MTSC

PLACEMENT RECOMMENDATION

In Home Out of Home

Total placements:

Was there a placement change during this review period? Yes No

When and how was the parent(s) notified of placement changes that occurred during this review period?

How many months in out-of-home care? of

ICPC STATUS

Is there an out-of-state placement proposed? Yes No

Has a request been made to the receiving state? Yes No

Is current placement in close proximity to family home? Yes No

Describe why recommended placement is most appropriate, least restrictive and in the child's best interest.

Case Summary

CHILD'S NAME

DATE OF LAST HEALTH AND SAFETY VISIT

CHILD'S SUMMARY

MOTHER'S NAME	
MOTHER'S SUMMARY <i>This section will not be shared with the child's caregiver.</i> Confidential information related to parent's health issues, mental health treatment and substance abuse treatment should be discussed in this section.	
SERVICES PREVIOUSLY ORDERED FOR THE MOTHER	
RECOMMENDATIONS FOR FINDING OF COMPLIANCE <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Reserved	RECOMMENDATIONS FOR FINDING OF PROGRESS <input type="checkbox"/> Yes <input type="checkbox"/> Reserved <input type="checkbox"/> No
FATHER'S NAME	
FATHER'S SUMMARY <i>This section will not be shared with the child's caregiver.</i> Confidential information related to parent's health issues, mental health treatment and substance abuse treatment should be discussed in this section.	
SERVICES PREVIOUSLY ORDERED FOR THE FATHER	
RECOMMENDATIONS FOR FINDING OF COMPLIANCE <input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/> Reserved	RECOMMENDATIONS FOR FINDING OF PROGRESS <input type="checkbox"/> Yes <input type="checkbox"/> Reserved <input type="checkbox"/> No
Visitation	
When and how were the parent(s) notified of visitation changes that occurred during this review period?	
Permanency Planning	
Date Current Plan Ordered:	
PRIMARY PLAN <input type="checkbox"/> Return home <input type="checkbox"/> Guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Third Party custody	ALTERNATE PLAN <input type="checkbox"/> Return home <input type="checkbox"/> Guardianship <input type="checkbox"/> Adoption <input type="checkbox"/> Third Party custody
Proposed Permanent Plan	
PRIMARY PLAN <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Lng Term FC Agrmt w/ Crt Apprl <input type="checkbox"/> Rel Plcmnt Agrmt w/ Crt Apprl <input type="checkbox"/> Return Home <input type="checkbox"/> Third party custody RCW 26.10	ALTERNATE PLAN <input type="checkbox"/> Adoption <input type="checkbox"/> Guardianship <input type="checkbox"/> Lng Term FC Agrmt w/Crt Apprl <input type="checkbox"/> Rel Plcmnt Agrmt w/Crt Apprl <input type="checkbox"/> Return Home <input type="checkbox"/> Third party custody RCW 26.10
Describe reasonable efforts to reunify including progress made to alleviate need for placement:	

Describe efforts to achieve permanency:		
Has termination petition been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No Compelling reason for not filing termination petition:		
Aggravated circumstances:		Date of Finding:
Relative Search		
Describe Relative Search efforts; including in-state and out-of-state placement options and appropriateness of options.		
Search Effort		
DATE	SEARCH TYPE	RESULTS
Search Outcome		
CONTACT DATE	CONTACT RESULTS	
NAME		RELATIONSHIP TO CHILD
Case Background		
Efforts to prevent out of home placement:		
Describe the nature and extent of the maltreatment or family situation.		
Describe the surrounding circumstances accompanying the maltreatment or family situation.		
Participant Information / Legal Representation		
MOTHER'S NAME	PHONE NUMBER	ATTORNEY'S NAME

ADDRESS		PHONE NUMBER	
FATHER'S NAME	PHONE NUMBER	ATTORNEY'S NAME	
ADDRESS		PHONE NUMBER	
PRESUMED FATHER'S NAME	PHONE NUMBER	ATTORNEY'S NAME	
ADDRESS		PHONE NUMBER	
ALLEGED FATHER'S NAME	PHONE NUMBER	ATTORNEY'S NAME	
ADDRESS		PHONE NUMBER	
GUARDIAN AD LITEM / CASA NAME		PHONE NUMBER	
ADDRESS			
CHILD'S ATTORNEY'S NAME		PHONE NUMBER	
ADDRESS			
CA WORKER'S NAME	PHONE NUMBER	ATTORNEY'S NAME	
ADDRESS		PHONE NUMBER	
OTHER AGENCY SOCIAL WORKER'S NAME		PHONE NUMBER	
ADDRESS			
OTHER PARTIES TO THE CASE NAME	PHONE NUMBER	ATTORNEY'S NAME	
ADDRESS		PHONE NUMBER	
Attachments			
<input type="checkbox"/> Visit Plan	<input type="checkbox"/> Education Plan	<input type="checkbox"/> Independent Living Plan	<input type="checkbox"/> Other
<input type="checkbox"/> Service Plan	<input type="checkbox"/> CHET	<input type="checkbox"/> Native American Indian Status	
Copies of this Court Report must be provided to parents and/or their attorneys and youth age 12 and older and their attorney, if represented. CA worker certifies that copies of this Court Report were provided to individuals on the dates listed below.			

Recommended Services and Tasks

Recommended agency responsibilities:

Recommended caregiver responsibilities:

Services and tasks recommended for the mother :

Additional services currently provided / recommended:

Services and tasks recommended for the father :

Additional services currently provided / recommended: