

Pre-Adjudication Status Report

DATE: 00/00/2021

IN THE INTEREST OF: Child full name and Docket number
D.O.B. and AGE

BIOLOGICAL MOTHER: Mothers Full Name and DOB (name of attorney)
Full Address, telephone number, e-mail address
Date of Cants/Leads

BIOLOGICAL FATHER: Fathers Full Name and DOB (name of attorney)
Full Address
Date of Cants/Leads:

LEGAL FATHER (if applicable) Fathers Full Name and DOB (name of attorney)
Full Address
Date of Cants/Leads:

Protective Custody Date:

Temporary Custody Date:

PURPOSE FOR REPORT:

The purpose of this report is to provide updated information on the above-mentioned family since the Temporary Custody Hearing (date)

UPDATE:

Reason for Involvement:

Summarize the reason for protective custody/referral to the State for CUS (continuous under supervision).

Handoff:

- Date
- Time
- Participants
- Recommendations of services from DCP
- Recommendations of visitation from DCP.

Transitional Visit with Foster care

- Date
- Time
- Participants and location (Bio Parents)
- Participants and location (foster parents and children)

Temporary Custody Order:

- Services ordered by the court at TC
- Barriers to compliance with TC order for services

Integrated Assessment:

- has notification of the IA screener been received by assigned worker?

Service Plan Tasks:

- Recommended Services from the Investigation which caused for the removal and the children to be unsafe.
- Status of referrals for service recommendations for mother
- Status of referrals for service recommendations for father (s)
- Status of referrals for service recommendations for child (ren)
- Current Barriers to Services as recommended by DCP/Service plan
- Are the parents engaging in services?

Placement Type for The Children:

- Traditional foster home
- Relative foster home
- Fictive Kin Foster home

Visitation:

- Visitation plan for the mother
 - Date Filed with the court
- Visitation plan for the father
 - Date Filed with the court
- Visitation for siblings if placed apart
 - Date filed with the court

Diligent Search:

- Status if applicable for missing parent
 - Date filed

Respectfully Submitted,

Worker Name
Child Welfare Specialist

Supervisor Name

Cc: SA-ASA
GAL
Mother Attorney
Fathers Attorney