

COURT REPORT

Child's Name:		Child's DOB		Date of Hearing:								
Worker's Name		Period Covered		to								
G.A.L. Attorney:		Court Case #										
I	Synopsis of Case:											
II	Has the child been in custody and in out-of-home placement 15 of last 22 months?						<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If Yes, are there compelling reasons why termination of parental rights or permanent custodianship would not be in the best interests of the child? Describe:												
III	Services offered or recommended to family:											
<input type="checkbox"/>	1) Family Support Worker:					<input type="checkbox"/>	7) Direct services:					
	<input type="checkbox"/>	budgeting advice and assistance					<input type="checkbox"/>	DCF Worker conferences				
	<input type="checkbox"/>	housekeeping advice and assistance					<input type="checkbox"/>	DCF Worker assessment				
	<input type="checkbox"/>	parenting advice and assistance				<input type="checkbox"/>	8) School support					
<input type="checkbox"/>	2) Counseling recommended					<input type="checkbox"/>	9) Relative resources consideration					
<input type="checkbox"/>	3) Counseling obtained					<input type="checkbox"/>	10) Information to utilize financial resources					
<input type="checkbox"/>	4) Referral to support group(s)					<input type="checkbox"/>	11) Family Preservation					
<input type="checkbox"/>	5) Child Care					<input type="checkbox"/>	12) Other					
<input type="checkbox"/>	6) Health Department referral											
IV	Department Recommendation											
Release from custody?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					Termination of Parental Rights	
Orders for parents?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, specify:						
Orders for child?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, specify:					<input type="checkbox"/>	Custodianship
Narrative statement in support of Agency recommendation:												

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	/		/		
Signature of Supervisor/Designee	Date sent to Court			Signature DCF/Case Mgmt. Worker	

Attached and in support of this report are the following Case Planning and Review Forms (if appropriate):

<input type="checkbox"/>	PPS-1000, Face Sheet	<input type="checkbox"/>	PPS 3055, Permanency Plan Review
<input type="checkbox"/>	PPS-3050 Family Service/Preservation Plan	<input type="checkbox"/>	PPS 3059 Transition Plan
<input type="checkbox"/>	PPS-3051, Permanency Plan	<input type="checkbox"/>	PPS-3011, Interaction/Visitation/Contact Log
<input type="checkbox"/>	PPS-3052, Administrative Requirements	<input type="checkbox"/>	Report from Case Management Provider
<input type="checkbox"/>	PPS-3053, Parent/Child Interaction Schedule	<input type="checkbox"/>	Other
<input type="checkbox"/>	PPS-3054, Visitation Schedule		



Strong Families Make a Strong Kansas