

**SECTION I: Information about current court case.** Court reports to include information relevant to the current court case only. Reports to be provided to the courts in advance of the hearing, check with district on specific timelines.

In the District Court of \_\_\_\_ County of Kansas

Case Number: Court Date: **Click or tap to enter a date.** Court Time:

Hearing type (check one):  Post-Adjudication  Disposition  Permanency  Review  Other

Date report provided: **Click or tap to enter a date.** Case management agency:

Case manager working with family: GAL/Attorney for Child:

Email: CASA (if applicable):

Supervisor: DCF Foster Care Liaison:

Email: Email:

**SECTION II: Information about the child(ren).** Provide the below information for every child in the household.

Name	Age	Birthdate	Gender	Is the child court involved and in DCF custody (yes or no)? If yes, enter court case number.
Add the same information for all sibling residing in other households				Is sibling court involved and in DCF custody (yes or no)? If yes, enter court case number.

Did DCF request removal?  Yes  No If yes, brief description of reason:

Reason for removal by the court:

List any children from above who have been in custody and in out-of-home placement for 15 of the last 22 months:

If child(ren) are listed, are there compelling reasons why termination of parental rights or permanent custodianship would not be in the best interest of the child(ren)? Describe for each child:

Does the Interstate Compact on the Placement of Children (ICPC) apply to any children?  Yes  No

If yes, list names:

**SECTION III: Tribal Affiliation.** Indian Child Welfare Act (ICWA) defines “Indian child” as a child under 18 years and either: (1) is a member of an Indian Tribe; or (2) is eligible for membership in an Indian Tribe and is a biological child of a member of an Indian Tribe.

Does the Indian Child Welfare Act (ICWA) apply to any children in family?  Yes  No  Undetermined

Provide the names of each child in which ICWA applies:

Name of Tribe:

Was notice sent to the Tribe?  Yes  No

Date Notice was sent: **Click or tap to enter a date.**

Has the Tribe responded?  Yes  No

If yes, summarize current position indicated by the Tribe (i.e., *Tribe will or will not monitor, intervene, or request transfer of case to their Tribal Court*)

Describe active efforts:

**SECTION IV: Information about the family.** Provide full legal name for parental/caregiver for each child(ren) listed in Section II.

Name:

Relationship:

Child(ren)'s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights:  Intact  Relinquished  Terminated  Appeal Pending  Appeal Complete  Deceased  Other

Name:

Relationship

Child(ren)'s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights:  Intact  Relinquished  Terminated  Appeal Pending  Appeal Complete  Deceased  Other

Name:

Relationship:

Child(ren)'s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights:  Intact  Relinquished  Terminated  Appeal Pending  Appeal Complete  Deceased  Other

Name:

Relationship:

Child(ren)'s names:

If applicable, date paternity established:

Address

Phone:

Email:

Attorney:

Parental Rights:  Intact  Relinquished  Terminated  Appeal Pending  Appeal Complete  Deceased  Other

**SECTION V: Child(ren)'s current placement, placement history and relative/kinship exploration.** Account for each child in custody. This should only be updated if information has changed from the last court report.

**Child(ren)'s Current Placement Address:**

**Date child placed at this address:** Click or tap to enter a date.

**Type of Placement:** Parent/Caregiver Relative Non-Related Kin Family Foster Home Facility

**If Facility, what type:** Group Residential QRTP PRTF

**If QRTP, does it continue to be the least restrictive arrangement?** Yes No

**Additional information about the current placement (optional)-**

**Placement History** – Include all placements for last 12 months and/or since last court hearing. Include hospitalization, relative and kinship placements, all family foster home, and parent/caregiver placements.

Child's name	Dates	Placement name / type	City	Reason for move, if applicable

**If placed with parent/caregiver, describe any previous placement attempts:**

**Relative and Kinship Exploration** – If the child(ren) have not been placed with relatives or non-related kin, identify ongoing attempts, and significant/detailed reasons why placement is not appropriate or not occurring. Add as many relative or non-related kin relations as needed.

Maternal Grandparents Names:  Date of last attempt(s) and reasoning:	Paternal Grandparents Names:  Date of last attempt(s) and reasoning:
Other Relatives/Relation and Names:  Date of last attempt(s) and reasoning:	Non-related Kin/Relation and Names:  Date of last attempt(s) and reasoning:
Other Relatives/Relation and Names:  Date of last attempt(s) and reasoning:	Non-related Kin/Relation and Names:  Date of last attempt(s) and reasoning:

**SECTION VI: Family history, parent information, case plan, progress and visitation.** This information is for parents/caregivers and/or guardians. Include information for both parents. This section is NOT for foster parents.

Provide concise details of the parents own families of origin (child's grandparents), relationships with one another and their children and the reason the child is involved in the court process. *Provide on the first court report unless new and relevant information is discovered.*

**Current Case Plan Goal for child in DCF custody placed at home:**  Maintain at home

**Current Case Plan Goal for out of home placement:**  Reintegration  Adoption  Permanent Custodianship

Another Permanent Plan Living Arrangement (APPLA)

***If the child is legally free for adoption and case plan goal is adoption, attach DCF Adoption Tracking Tool (PPS 5400) to this court report***

**Parents/caregivers court orders/case plan tasks-** *Briefly describe if the parent/caregivers are doing what the case plan provides. Include any tasks that have been court ordered to them and give an update on compliance.*

**Drug and Alcohol Services:** Describe any concerns with parental substance use and services provided or obtained. Include services offered and not obtained.

Date of Test/Service	Type of Test/Service	Results/Outcome

Prepare information based on the **current situation** of the parent or guardian. Update the information if it is different from the past court report. Include information for each parent/caregiver.

**Housing-** *Provide housing history with address/dates, and all persons, including children and adults, living with parent. If parent has moved since last court report, explain why. Include condition of home.*

**Employment-** *Employment history, place and length of employment, work hours, and pay rate. If parent has changed jobs, explain why.*

**Parent/Caregiver Therapy-** *Provide information on therapists, frequency, type of therapy, and therapeutic goals. Include information from therapists, dates of appointments, if appointments are missed explain the reason.*

**Parent Medical-** *If applicable, add any medical information.*

**Describe parent/caregiver strengths and resources-** *Describe for each parent*

**Other relevant information regarding the parent/caregivers-**

<b>Parent/child(ren) visitation:</b> Describe visits that have happened between court reports.				
Date	Supervised?	Duration/length	Attendees	Strengths/Concerns
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**SECTION VII: Child well-being.** Describe the state of the child(ren)'s physical, mental, and emotional health as requested. Account for each child in custody. Add any new and relevant occurring between court reports.

**Reasonable and prudent parent standard:** *Describe how placement is promoting normalcy for the child. What connections and age-appropriate activities is the child engaged in?*

**Physical Health:**

**Mental Health:**

**Emotional Health:**

**Education-** *Has child maintained in same school? Provide summary on how child is currently doing in school behaviorally and academically.*

**School:** Click or tap here to enter text.

**Grade:** Choose an item.

**Anticipated Graduation/GED Completion:** chose an item year

**Life Skills-** List all practical and age-appropriate skills of the child. If child is not school aged, list behavioral/developmental milestones and if not meeting those, what is being done to address.

**If child is 14 or older, indicate whether a Transition Plan has been completed. If so, attach a copy of the PPS 3059 Transition Plan to this court report.**

**Other information-** use this area to record any other relevant information about the child(ren)'s well-being.

For each child, provide dates of last appointment and progress on obtaining the following documents. Add information below if needed.

Name of child:	Name of child:
<u>Kan Be Healthy (KBH):</u>	<u>Kan Be Healthy (KBH):</u>
<u>Mental/ Behavioral Health:</u>	<u>Mental/ Behavioral Health:</u>
<u>Dental:</u>	<u>Dental:</u>
<u>Vision:</u>	<u>Vision:</u>
Assigned Nurse Care Manager:	Assigned Nurse Care Manager:
<u>SS card:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have	<u>SS card:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have
<u>Birth Certificate:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have	<u>Birth Certificate:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have
<u>Medical Card:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have	<u>Medical Card:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have
<u>Driver's License:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have	<u>Driver's License:</u> <input type="checkbox"/> in the file <input type="checkbox"/> requested <input type="checkbox"/> do not have

**SECTION VIII: Recommendations**

Include items or tasks needed to successfully move the family and child toward permanency goal. Recommendations to include previous court orders or case plan goals not yet completed. Include services/supports that will address concerns including safety.

Report prepared/approved by and on this date:

Case Manager:

Case Manager Supervisor:

Date:

Date:

**SECTION X: Additional Information if requested by this court**

Additional information here:

List all professionals involved. Add information if needed. If personnel are the same as Section I, say "see Sec. I"

Name	Agency	Title
	Court	Judge
	Court	Court Services Officer (CSO)
	Legal	County/District Attorney
	Legal	Guardian Ad Litem (GAL)
	Legal	Mother's Attorney
	Legal	Father's Attorney
	CASA	CASA
	DCF	Foster Care Liaison
	Case Management Agency	-
	Case Management Agency	Case Manager
	Case Management Agency	Supervisor
	Case Management Agency	Family Support Worker

