**DCYF REPORT TO COURT FOR**

**FAMILY TREATMENT COURT REVIEW HEARING**

**FTC Case #**-

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| **CHILD LEGAL AND PLACEMENT INFORMATION** |
|  **Hearing Date:**      **Child:** **DOB:**       **Cause No:**       **Current Placement:**       **Child:       DOB:**       **Cause No:**       **Current Placement:**      **Child:       DOB:**       **Cause No:**       **Current Placement:**      **Child:       DOB:**       **Cause No:**       **Current Placement:**      **Child:       DOB:**       **Cause No:**       **Current Placement:**      **Relevant *Placement* Information** (stability/condition, child’s perception, etc):       |
| **LEGAL PARTIES** |
| **:**     ; **’s Attorney:**     **’s FTC Level:** **:**     ; **’s Attorney:**     **:**      ; **’s Attorney:**      **:**      ; **’s Attorney:**      **CASA:**      **CASA Attorney:**      **Tribe:**       **Tribal Social Worker:**       **Legal Intervention:** **[ ]  Yes** **[ ]  No****DCYF Social Worker:**      ; **AAG:**       |

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| **PERMANENCY** |
| **The child [ ]  is [ ]  is not placed in out-of-home care.****Original placement date:****Trial return home date (if applicable):****What is the primary permanent plan?****Are other permanent plans being considered?** (Not necessarily ordered)      **Describe what is needed to be accomplished, or demonstrated, in order for the Department to consider . Outline specific steps** **the parent should take:**     **[ ]  A is needed to further progress.** **Meeting agenda:**       |

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| **CHILD(REN) UPDATE** |
| **Well-being (medical or dental services, mental health/counseling services):**      **Any developmental, mental health, or medical assessments needed or planned?**      **Has a referral for early intervention services been made? [ ] Yes [ ]  No [ ]  N/A****Educational/prosocial needs (i.e. daycare, Headstart, therapeutic daycare, IEPs/504 plans):**       |

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| **UPDATE ON PARENTING TIME (AKA VISITATION)** |
| **Since the last review hearing, has parent attended parenting time?** [ ]  Yes [ ]  No [x]  N/AIf no, explain:      **Quality of parent-child interaction** (parenting strategies and strengths, children’s perception and behaviors, parent’s preparedness/timeliness, etc.):       |

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| **FTC PARTICIPANT UA REPORT** |
| **Sober Date (aka FTC Clean Date):**      ; **UA Frequency:**      **UA Update Since Last Hearing:**      **Record of Missed/Positive/Dilute UA’s Through the Life of the Case (Dates):**       |

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| **COURT ORDERED SERVICES** |
| **The Family Recovery Service Plan:** **[ ]  is appropriate at this time and no changes are recommended.** **[ ]  should be modified as follows:**      **[ ]  has been provided in an updated copy to relevant FTC team members.** |

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| **ADDITIONAL QUESTIONS/INFORMATION FOR THE TEAM** |
|                     **Is a response requested? [ ] Yes [ ]  No** **Why?** |

**ATTENTION**: Upon review, if any party wishes to address possible concerns regarding the content of this report, responses are due by noon THE DAY PRIOR TO THE FTC STAFFING.