

HEARING DATE _____
DIVISION _____

CASE NUMBER _____

**PARENT'S REPORT TO THE COURT
REASONABLE EFFORTS**

NAME: _____

ADDRESS: _____

_____ MOTHER _____ FATHER (LEGAL) _____ FATHER (PUTATIVE)

CHILDREN'S DIVISION

CASE WORKER: _____

Date of last Home Visit: _____

Frequency of Home Visits: _____

_____ Returns phone calls

_____ Attends parent/child visitations

_____ Written Service Agreement signed

_____ Provides up dates on the well being of child(ren)

Concerns: _____

SERVICES

_____ INDIVIDUAL THERAPY: Provider: _____ Frequency: _____

Start date: _____ Authorization difficulties: _____

Provider _____ is consistent for appointments _____ reschedules missed appointments

_____ misses appointments: Dates: _____

Treatment goals: _____

Concerns: _____

_____ OTHER THERAPUTIC SERVICES: Provider: _____ Frequency: _____

Start date: _____ Authorization difficulties: _____

Provider _____ is consistent for appointments _____ reschedules missed appointments

_____ misses appointments: Dates: _____

Treatment goals: _____

Concerns: _____

_____ PARENTING EDUCATION: Provider: _____ Frequency: _____
Start date: _____
Provider _____ is consistent for appointments _____ reschedules missed appointments
_____ misses appointments: Dates: _____
Treatment goals: _____

Concerns: _____

_____ PSYCHIATRIC SERVICES: Provider: _____
Diagnosis: _____
Medications: _____
_____ Release of Information signed for Children's Division
Concerns: _____

_____ DRUG TREATMENT: Provider: _____
_____ Inpatient start date _____ Completion date: _____
_____ Outpatient start date _____ Completion date: _____
_____ Signed Release of Information for Children's Division
_____ Drug testing conducted
Concerns: _____

_____ DRAGNET SERVICES: _____
Frequency: _____
Last Drop Date: _____
_____ Hair Test? Date of Test: _____
Concerns: _____

_____ PROBATION: Probation Officer: _____
Offense: _____
Terms: _____
_____ PAROLE: Parole Officer: _____
Offense: _____
Terms: _____
_____ Release of Information signed for Children's Division

OTHER SERVICES: _____
Provider: _____
Concerns: _____

OTHER SERVICES: _____
Provider: _____
Concerns: _____

REQUEST TO THE COURT FOR ADDITIONAL SERVICES: _____

VISITATION

COURT ORDER: _____

_____ PARENT AIDE: Provider: _____

_____ FMAS: Provider: _____

_____ Relative Supervisor: _____

Location of visits: _____

Frequency: _____ Duration: _____

_____ Phone calls allowed _____

_____ Notified of Doctor Appointments _____

_____ Provided updates on child(ren)'s well being including school progress _____

Provider is: _____ timely _____ not timely: explain: _____

Provider is: _____ consistent _____ not consistent: explain: _____

_____ Missed visits are rescheduled.

_____ There are issues with Provider's Authorization: explain: _____

Activities during visits: _____

Appearance of Child(ren) at visits: _____

Interaction of Child(ren) with parent during visits: _____

Concerns: _____

REQUEST OF THE COURT AS TO VISITATION: _____

PLACEMENT OF CHILD(REN)

Concerns: _____

SUPPORT

_____ Child Support Ordered: Amount: _____

_____ Child Support Stayed

Other support provided: _____

PARENT'S REQUEST-OF THE COURT: _____

PARENT

Date: _____