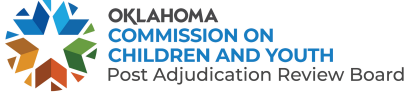


# POST ADJUDICATION REVIEW BOARD



## DHS Reporting Form

JUDGE \_\_\_\_\_ PARB REVIEW DATE \_\_\_\_\_

CASE NAME \_\_\_\_\_ KK# \_\_\_\_\_ COURT # \_\_\_\_\_

|              |       |                          |              |       |                          |              |       |                          |
|--------------|-------|--------------------------|--------------|-------|--------------------------|--------------|-------|--------------------------|
| CHILD'S NAME | DOB   | ICWA?                    | CHILD'S NAME | DOB   | ICWA?                    | CHILD'S NAME | DOB   | ICWA?                    |
| _____        | _____ | <input type="checkbox"/> | _____        | _____ | <input type="checkbox"/> | _____        | _____ | <input type="checkbox"/> |
| _____        | _____ | <input type="checkbox"/> | _____        | _____ | <input type="checkbox"/> | _____        | _____ | <input type="checkbox"/> |

List any child(ren) dismissed from this case in the last 6 months [Who?, Why?]

WORKER \_\_\_\_\_ # OF WORKERS SINCE CASE OPENED? \_\_\_\_\_  
 CASA \_\_\_\_\_

DATE ENTERED CUSTODY \_\_\_\_\_ DATE RETURNED HOME \_\_\_\_\_

1. ADJUDICATION: Mom Y  N  Dad#1 Y  N  Dad#2 Y  N

Deprived Adjudication within past 3 years? Y  N  Unk

Reasonable efforts to prevent removal? Y  N  To reunite? Y  N  NA

2. CHILD/REN OUT OF HOME 15 OF PAST 22 MONTHS (ASFA law)? Y  N  Unk   
 # of months: \_\_\_\_\_

3. ARE SIBLINGS PLACED TOGETHER? Y  N  # of placements per child: \_\_\_\_\_

4. WHY WAS CHILD/REN REMOVED?

5. PRESENT PLACEMENT: Own Home  Foster Home  TFC  Group Home   
 In-patient  DDS   
 Relative/Kinship  Relationship of relative/kinship to child?

Do you feel child/ren is safe in present placement? Y  N  Unk   
 If no, why?

6. DATE INDIVIDUAL SERVICE PLAN/TREATMENT PLAN APPROVED

BY THE COURT:

Has MOM made marked progress to correct? Y  N

If no, why?

Has DAD made marked progress to correct? Dad#1 Y  N  Dad#2 Y  N

If no, why?

7. HAS CHILD/REN RECEIVED COUNSELING? Y  N  Unk  Not needed

If no, why?

8. IS VISITATION WITH MOM ADEQUATE? Y  N  Unk

DAD? Y  N  Unk

SIBLINGS? Y  N  Unk

9. APPROPRIATE PERMANENCY PLAN AT THIS TIME

Reunite  when? with whom?

Guardianship  when? with whom?

Long term foster care

Termination/ adoption

10. COMPELLING REASONS NOT TO TERMINATE AT THIS TIME? Y  N

If yes, explain.

11. ANY BARRIERS TO ADOPTION? Y  N  N/A

If yes, explain.

12. HAVE THERE BEEN **EXCESSIVE** COURT CONTINUANCES? Y  N  Unk

If yes, comment.

13. IS CASA ASSIGNED? Y  N

If yes, name of CASA:

If no, should CASA be appointed? Y  N

14. ADDITIONAL COMMENTS: