**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  N/A  If 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.