

**ROCKDALE COUNTY JUVENILE COURT**  
**COURT REPORT**

Child(ren)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Type of Hearing: \_\_\_\_\_

Caretaker who child(ren) was/were removed from: \_\_\_\_\_

**FAMILY INFORMATION**

I. **Basic Identifying Information**

A. *Mother*

*Name:*

*Address:*

*Telephone Number:*

B. *Father* \_\_\_\_\_: *Legal or Putative (Circle)*  
*(First name of child)*

*Name:*

*Address:*

*Telephone Number:*

***(Repeat father information for each child if different)***

C. *Siblings (Minor or Adults that are not a party of this court action):*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

***(Repeat all siblings' information)***

D. *Significant Others (Extended Family, Fictive Kin)*

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

*(Repeat all significant others information)*

## **REMOVAL INFORMATION**

**This portion of the report should be completed by CPS staff.**

A. Allegations Against Caregiver(s): (attach additional documentation as needed)

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B. Safety Concerns for the Child(ren):

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C. What Attempts Were Made to Prevent Removal:

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D. What Witnesses Who Need to Testify:

List witness name, contact information, and what witness will testify about:

A. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CASE PLAN

### Section to be completed by Family Preservation or Placement Staff

II. Permanency Plan: \_\_\_\_\_

A. MOTHER

i. Case Plan Goals and Steps – Identify who is providing service, how frequently it occurs, and if mother is compliant.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Any additional pertinent information about the mother:

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**B. FATHER**

- i. Case Plan Goals and Steps – Identify who is providing service, how frequently it occurs, and if father is compliant.

- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_

Any additional pertinent information about the father:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. CHILD**

- i. **Current Placement Information:**

Placement Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Concerns:

\_\_\_\_\_  
\_\_\_\_\_

**ii. Services Being Provided to Child:**

a. Educational – Grade Level; EPAC; Tutoring; Current Grades:

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Any Concerns:

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b. Counseling – Name; How Frequent; Contact Information; Type of Counseling:

Any Concerns:

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c. Medication – What Medication; Reason; How Frequent:

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Any Concerns:

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d. Independent Living Program – What programs attended; When:

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Any Concerns:

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e. Other Services:

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Any Concerns:

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Last Doctor's Visit:

Name:

Date:

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Last Dentist Visit:

Name:

Date:

(Repeat this step if multiple children involved)

**D. MISCELLANEOUS**

**VISITATION**

Is Visitation Occurring? If so, where and how often? Any Concerns?

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**DEPARTMENT'S RECOMMENDATION FOR HEARING AND WHY**

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**COMPLIANCE WITH PRIOR COURT ORDER**

List any prior specific orders of the court and when the requirement was completed:

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**WITNESSES NEEDED FOR HEARING**

List witness name, contact information, and what witness will testify about:

A. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Remember to provide the Case Plan and Addendum, and Diligent Search to the**

**SAAG within 30 days of removal. Prior to every hearing, provide copy of Notice of the Hearing to the Placement to the SAAG. Also ANY assessments or reports (CCFA, FTM Notes, Psychological, etc.) send to SAAG as soon as they are received by the Department.\*\*\***

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**Social Service Case Manager**

**Date:**

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**Social Service Foster Care Supervisor**

**Date**