



POST ADJUDICATION REVIEW BOARD

DHS Reporting Form

JUDGE _____ PARB REVIEW DATE _____

CASE NAME _____ KK# _____ COURT # _____

CHILD'S NAME	AGE	ICWA?	CHILD'S NAME	AGE	ICWA?	CHILD'S NAME	AGE	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: