Caregiver Input Form

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child(ren)'s current placement: parent/relative/non-relative/foster home/group home

To: Custodian Relationship to the child: _____

You are being asked for your input because a judicial review is being held for a child or children placed in your home. It is important that the Department and the Court make informed decisions regarding the children's best interest. ***Please note: this form will be filed with the court as an attachment to the Judicial Review Social Study Report/Case Plan Update.***

What information should the Court consider in determining the action to take in this case?

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Caregiver Input Form

What information do you have that the Court should consider to determine what is in the best interest of the child or children?

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Please sign and return this form to your Family Care Counselor. If additional space is required for your comments, additional pages may be attached

_____

Foster/ Shelter Parent/Relative/Non-Relative Signature

_____

Date