

ATTACHMENT A

COURT ORDERED SERVICES TO THE FAMILY, CARETAKER & CHILD

It is this day of , hereby:

ORDERED that the following services be provided to:

LIST OF SERVICES (Check, circle or otherwise specify)

- | | | |
|--|---|--|
| <input type="checkbox"/> Anger Management Classes | <input type="checkbox"/> Interstate Compact (ICPC) | <input type="checkbox"/> Mentoring Services |
| <input type="checkbox"/> Clothing Assistance | <input type="checkbox"/> Independent Living Services | <input type="checkbox"/> Parenting Skills Training |
| <input type="checkbox"/> Daycare Services | <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Referral to Community Collaborative |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> Medical Assistance and Referrals | <input type="checkbox"/> Residential Treatment Services |
| <input type="checkbox"/> Drug Treatment | <input type="checkbox"/> - Medical Services | <input type="checkbox"/> Respite Services |
| <input type="checkbox"/> Domestic Violence Counseling / Services | <input type="checkbox"/> - Physical Evaluation | <input type="checkbox"/> Reunification Support Services |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> - Mental Health Evaluation | <input type="checkbox"/> Sibling Visitation |
| <input type="checkbox"/> - Educational Advocate | <input type="checkbox"/> - Medical Treatment | <input type="checkbox"/> Special Education Services |
| <input type="checkbox"/> - GED Preparation | <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> - DCPS |
| <input type="checkbox"/> - IEP | <input type="checkbox"/> - Attachment Study | <input type="checkbox"/> - Other |
| <input type="checkbox"/> - Special Education | <input type="checkbox"/> - Bonding Study | <input type="checkbox"/> Specialized Medical Services |
| <input type="checkbox"/> - Tutor | <input type="checkbox"/> - Emergency Psychiatric | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Emergency Assistance | <input type="checkbox"/> - Family Therapy | <input type="checkbox"/> Victims' Compensation Program |
| <input type="checkbox"/> Families Together | <input type="checkbox"/> - Group Therapy | <input type="checkbox"/> Visitation Coordination |
| <input type="checkbox"/> Food Vouchers | <input type="checkbox"/> - Individual Therapy | <input type="checkbox"/> Developmental Exam |
| <input type="checkbox"/> Furniture Assistance | <input type="checkbox"/> - Neuro-psychological | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homemaker Services | <input type="checkbox"/> - Psychiatric | <input type="checkbox"/> CASA Services |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> - Psycho Educational | |
| <input type="checkbox"/> Housing Certification Assistance | <input type="checkbox"/> - Psychological | |
| | <input type="checkbox"/> - Sexual Assault | |

The following conditions shall apply to the delivery of services:

DATE

Associate Judge/Magistrate Judge