

ATTACHMENT A

Child's Name _____ **Case No.** _____

COURT ORDERED SERVICES TO THE FAMILY, CARETAKER & CHILD

On _____ 20__ , it is hereby **ORDERED** that the following services are required to be provided to _____, who is required to participate in such services.

LIST OF SERVICES

- | | |
|---|--|
| <input type="checkbox"/> Alcohol Testing | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Alcohol Treatment | <input type="checkbox"/> -Attachment Study |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> -Bonding Study |
| <input type="checkbox"/> Clothing Assistance | <input type="checkbox"/> -Family Therapy |
| <input type="checkbox"/> Community Collaborative Referral | <input type="checkbox"/> -Group Therapy |
| <input type="checkbox"/> Day Care Services | <input type="checkbox"/> -Individual Therapy |
| <input type="checkbox"/> Developmental Assessment | <input type="checkbox"/> -Interaction Study |
| <input type="checkbox"/> Domestic Violence Counseling | <input type="checkbox"/> -Neuropsychological |
| <input type="checkbox"/> Drug Testing | <input type="checkbox"/> -Psychiatric |
| <input type="checkbox"/> Drug Testing with levels | <input type="checkbox"/> -Psycho Educational |
| <input type="checkbox"/> Drug Treatment | <input type="checkbox"/> -Psychological |
| <input type="checkbox"/> Food Vouchers | <input type="checkbox"/> -Psycho Sexual |
| <input type="checkbox"/> Furniture Assistance | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> GED Preparation | <input type="checkbox"/> Parenting Skills |
| <input type="checkbox"/> Homemaker Services | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Medical Evaluation | <input type="checkbox"/> Other: _____ |

The following conditions shall apply to the delivery of services:

DATE

Associate Judge/Magistrate Judge