

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT**

In the Matter(s) of:

(Child's Name)

Case No. _____
Social File No. _____
X-Ref Number _____
Date of Birth _____

Next Hearing Type/Date: _____
Associate/Magistrate Judge _____

REVIEW OF DISPOSITION HEARING ORDER

This matter came before the Court on _____, 20____. Mark individuals in attendance with check in box to the left of the name.

PARTIES AND COUNSEL

| | |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> _____, Mother | <input type="checkbox"/> _____, Mother's Counsel |
| <input type="checkbox"/> _____, Father _____ | <input type="checkbox"/> _____, Father's Counsel |
| <input type="checkbox"/> _____, Respondent | <input type="checkbox"/> _____, GAL |
| <input type="checkbox"/> _____, SW | <input type="checkbox"/> _____, AAG |

OTHER PERSONS IN ATTENDANCE

| | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> _____, _____ | <input type="checkbox"/> _____, _____ |
| <input type="checkbox"/> _____, _____ | <input type="checkbox"/> _____, _____ |

NOTICE TO FOSTER/PRE-ADOPTIVE PARENT/KINSHIP CARETAKER

Did Foster/Pre-adoptive parent/Kinship caretaker receive written notice of the hearing from CFSA?
 Yes No

FINDINGS OF FACT

The child(ren) was/were removed on _____, 20____.

Review of Disposition Report

- A Review of Disposition report was filed by the agency with case responsibility pursuant to D.C. Code §16-2323, and SCR-Neg. 28 and was considered by the Court.
- A Review of Disposition report was not filed by the Agency, but shall be filed by on _____, 20____.

Agency Case Plan

- The Agency case plan was filed.
- A case plan was not filed by the Agency, but shall be filed by _____, 20____.

Permanency hearing deadline

The first permanency hearing must be held by _____, 20____.

LEGAL STATUS OF THE RESPONDENT(S)

The child(ren) is/are currently placed as follows:

- Under Protective Supervision with a parent, _____.
- In Private Placement with a relative, _____.
- In Private Placement with a non-relative, _____.
- Under COMMITMENT

(If there is more than one child in the family and the children have different legal statuses/are in different placements, please specify by writing the name of the child after the placement option.)

FAMILY INFORMATION

Birth Mother (Name) _____
Date of birth _____ Date of death _____
 Current/ Last known address _____

Birth Father (Name) _____ Child(ren)'s Name _____
Date of birth _____ Date of death _____
 Current/ Last known address _____

The Government shall initiate a search for the birth mother birth father and file an affidavit(s) by _____, 20__, regarding efforts to locate her/him and/or effectuate service.

PATERNITY

- Parentage Attachment D was completed on _____, and no amendments are required; or
- Parentage Attachment D is appended hereto.

INDIAN CHILD WELFARE ACT NOTICE

The Court has inquired whether any party has reason to believe that _____ is/are subject to the ICWA and the following has been determined:

- The Court has insufficient information to find that ICWA does apply.
- ICWA does not apply based upon a full inquiry having been made.
- Information suggesting that ICWA may apply has been provided to the Court, therefore the Agency will provide notice to the appropriate parties and entities.
- Notice was provided by the Agency, and the child(ren) is/are not eligible for membership in a recognized Indian tribe or more information is required to make a determination
- _____ is/are documented as a member of a recognized Indian tribe or is/are eligible for membership in a recognized Indian tribe and is therefore subject to the ICWA.

PLACEMENT/LEGAL STATUS

ORDERED that the current placement(s) and/or commitment(s) shall continue until Further Order of the Court. **OR**

It is hereby **ORDERED** that the child(ren)'s placement shall be changed as follows to:

PROTECTIVE SUPERVISION (See Attachment B2)

The child(ren), _____ shall be placed under the **PROTECTIVE SUPERVISION** of _____, and the following conditions or restrictions shall apply:

Based upon the evidence presented and representations made, the Court finds that placement under protective supervision as stated above will provide safe and appropriate care for the child(ren).

PRIVATE PLACEMENT (not foster home) (See Attachment C)

The child(ren), _____ shall be placed in the home of _____, as a **PRIVATE PLACEMENT** and the following conditions or restrictions shall apply:

Based upon the evidence presented and representations made, the Court finds that placement under private placement as stated above will provide safe and appropriate care for the child(ren).

COMMITMENT

The child(ren), _____, shall be **COMMITTED** to the care, custody and control of **The Child and Family Services Agency**, for a period not to exceed two (2) years.

Based upon the Agency's representations, the Court hereby finds that the Agency **made** **did not make** reasonable efforts to place the siblings together.

PERMANENCY GOALS

(Concurrent goals may be set until the first permanency hearing)

Progress **has** **has not** been made by respondents' Parent(s)/Guardian(s) _____ toward achievement of the permanency plan/goal of reunification as demonstrated by the following:

THEREFORE, it is hereby,

ORDERED that the Permanency goal of reunification or _____ shall continue.

The date for achievement is _____, 20____ .

A concurrent goal is **ORDERED** as follows:

- Adoption of _____ with _____
Date of Achievement _____
- Guardianship of _____ with _____
Date of Achievement _____
- Custody of _____ with _____
Date of Achievement _____

Exception to the four Permanency goals:

- Alternative Planned Permanent Living Arrangement for _____
- Compelling Reasons eliminating other goals and justification that Another Planned Permanent Living Arrangement is in the child(ren)'s best interests (specify in detail):

The date for achievement of the APPLA permanency goal is the child(ren)'s 21st birthday, unless otherwise noted.

REASONABLE EFFORTS OF THE AGENCY TO ACHIEVE PERMANENCY

The Court concludes that the Agency **Has** **Has Not** made **Reasonable Efforts to achieve the goal of reunification or** _____, as described by the following (specify in detail for each child):

ORDERS

- _____

- _____

There are ____ Attachment As appended hereto.

EDUCATIONAL SERVICES

Based upon the Educational Checklist for Judicial Officers, an inquiry has been made into the child(ren)'s educational placement and the child(ren)'s educational needs and strengths.

- Yes
- No

Has an educational decision-maker (other than the parent) been appointed?

- Yes _____(name)

No

The child is 18 years of age or over and is responsible for making his/her own educational decisions.

Attachment E - Order Authorizing Access to Educational Records – has been completed.

CASA APPOINTMENT

Is a request being made for the appointment of a Court Appointed Special Advocate at this hearing:

Yes (a referral will be made to the Presiding Judge).

No.

RELATIVE RESOURCES

It is hereby **ORDERED** that the parents shall provide detailed information concerning potential relative placements to the Agency no later than _____, 20____.

It is hereby **ORDERED** that after receipt of required documentation, the Agency shall conduct a home study, and a local records checks and child protection clearances on each adult resident in the home of:

1. _____
2. _____
3. _____

ICPC application shall be initiated by _____, 20____.

Agency shall provide progress report on status of ICPC process within 30 days after the application is initiated/completed and every 30 days thereafter until approval or denial is received. **The first progress report shall be filed by** _____, 20____.

VISITATION

Visitation between child(ren) and _____ shall be

Unsupervised

Supervised by CFSA or its designee

Visitation may become unsupervised at the discretion of the social worker and GAL

Conditions:

Visitation between child(ren) and _____ shall be

Unsupervised

Supervised by CFSA or its designee

Visitation may become unsupervised at the discretion of the social worker and GAL

Conditions:

Visitation between siblings, _____, shall be

Unsupervised

Supervised by CFSA or its designee

Visitation between _____ is **SUSPENDED** for the following reasons
_____.

JURISDICTION

Jurisdiction expires: _____.

NEXT HEARING DATE

The Next Scheduled Court Hearing Will be:

Permanency Hearing Review of Disposition Hearing Other _____
Report Due: _____

Next Hearing Date: ____/____/____

Time: _____ a.m./p.m. **Hearing duration:** _____ hour

Judge: _____

Place: Courtroom _____ of the Main Courthouse at 500 Indiana Ave., NW,
Washington, DC 20001

ORDERED that this case be, and hereby is, **DISMISSED AFTER ADJUDICATION**, because all services have been rendered and the child(ren) is/are safely and permanently placed. The conditions of neglect have been ameliorated.

DATE

ASSOCIATE JUDGE/ MAGISTRATE JUDGE