

LEGAL HISTORY

AAL Name _____ County _____ Docket # _____
Hearing Date _____ Case Name _____ Type of Hearing:
 Probable Cause Adjudication No Reunification Review Permanency Planning
 TPR Post TPR Review Adoption Other _____

Was there a continuance granted on this case? Yes No Hearing continued until what date _____
If yes, was the continuance requested by DHS AAL Parent Counsel Court

Reasonable Efforts Finding: Yes No Unknown Ruling Reserved

Attorney Ad Litem Present: Yes No

Parent's/Guardian's Attorney Present at this hearing: Yes No
Parent's/Guardian's Attorney's Name _____ Represents
 Mother Father Other _____ If other, relationship to child _____

Parent's/Guardian's Attorney Present at this hearing: Yes No
Parent's/Guardian's Attorney's Name _____ Represents
 Mother Father Other _____ If other, relationship to child _____

At this point in this case is substance abuse by parent/guardian
 a major contributing factor a minor contributing factor not a factor
Is substance abuse drugs alcohol both

At this point in this case has the parent/guardian been diagnosed with a mental illness? Yes No
If yes, is the mental illness a major contributing factor a minor contributing factor not a factor

Was CASA appointed at this hearing? Yes No Name _____

Number of placement changes since last hearing
child # child # child # child

Disposition:
 Juvenile Returned to Parent, Guardian or Custodian from whom custody was removed: Name _____
 Juvenile Continued in custody of Parent, Guardian or Custodian: Name _____
 Juvenile Remains in Out of Home Placement: Name _____
If Out of Home Placement, Type:
 Foster Care _____ Residential _____
 Relative Placement _____ Therapeutic Foster Care _____
 Shelter _____ Detention Facility _____
 Adoptive Placement _____ Other (Incl. run status) _____
 Parent _____

above information to be completed with every hearing

fill out information below for applicable hearing

If PROBABLE CAUSE hearing, date petition filed: _____ Emergency petition 20 day petition
If PROBABLE CAUSE hearing, Probable Cause: Yes No Waived
If PROBABLE CAUSE hearing, has child been in DHS custody previously? Yes No Unknown
Date PROBABLE CAUSE order filed _____

See back page

If **ADJUDICATION** hearing, finding of D/N: Yes No Dismissed
If **ADJUDICATION** hearing, type of abuse found by Court: Abandonment Physical
 Sexual Neglect Medical Neglect Environmental Neglect Minor Mother
 Educational Neglect Mental/Emotional Parental Unfitness Custodian Deceased
If **ADJUDICATION** hearing, case plan submitted: Yes No Unknown
If **ADJUDICATION** hearing, goal: Reunification Relative Placement Termination Independence Other _____
If **ADJUDICATION** hearing, did this case originate as anything other than a D/N case: Yes No
If the answer to above question is 'yes', what was the original type of case: FINS Delinquency
Date **ADJUDICATION** order filed _____

If **NO REUNIFICATION** hearing, request: Filed by DHS AAL Request: Granted Denied

If **PERMANENCY PLANNING HEARING**, Court Ordered Plan Date filed _____ Plan Ordered:
 Return Juvenile to Parent/Guardian/Custodian (Specify) _____
 TPR _____ Continue Reunification Efforts _____
 Guardianship _____ Permanent Custody _____
 Independence w/specified reasons not to TPR _____ Other _____

If **TPR** hearing, Date TPR petition filed: _____ Filed by: DHS AAL TPR Order Date _____

If **TPR** hearing, goal: Adoption Permanent Custody Independent Living

If **TPR** hearing: Granted _____ as to _____
(which children) (which parents)
 Denied _____ as to _____
(which children) (which parents)
 Consented _____ as to _____
(which children) (which parents)
 Dismissed _____ as to _____
(which children) (which parents)

If **POST TPR** hearing, goal: Adoption Permanent Custody Independent Living

If **ADOPTION** hearing: Granted _____ Denied _____
(which children) (which children)

If **ADOPTION** hearing: child adopted by Foster Parent Foster Parent/Relative
 Relative Other Unknown

If **OTHER** type of hearing,
purpose of hearing _____ & result of hearing _____

If **APPEAL** filed, date _____ and by whom _____

COMMENTS:

CLOSE DATE _____ As to _____
(which children)

Reason for closure:

Return to parent/relative Adoption Child reached majority Guardianship Transfer to another jurisdiction
 Permanent Custody/Relationship of custodian _____ Other Reason _____