



**DEPENDENCY, NEGLECT OR ABUSE
DISPOSITIONAL REPORT**

Case No. _____
Court [] District [] Family
County _____
Division _____

The Cabinet for Health and Family Services, Department for Community Based Services, submits the following Dispositional Report to the Court which, pursuant to FCRPP 28, must be filed three (3) days prior to the dispositional hearing.

IN RE:

Child's Name: _____
DOB: _____ SSN: _____
Address: _____

Parent(s):

Mother's Name: _____
DOB: _____ SSN: _____
Address: _____

Father's Name: _____
DOB: _____ SSN: _____
Address: _____

I. Present Situation:

II. Case History:

III. Current Status of the Case:

1. A description of the state child protective service agency's efforts to prevent removal of the child from home:

2. If the child is removed, a description of the state child protective service agency efforts to reunify the family:

3. If removal or continued placement out of the home is recommended by the state child protective agency, an explanation of why the child cannot safely be placed in the home:

4. A description of any efforts to notify and locate absent parents:

5. Identification of all relatives contacted for possible placement with child and why those relatives are not recommended for placement:

6. The recommended permanency goal and duration:

7. Information regarding placement of siblings and plan for sibling visitation:

8. A description of any variation between the state child protective agency's out of home case plan and the dispositional report.

9. Other current status issues: (Narrative) _____

IV. Professional Assessment:

Recommendations: _____

Children's Custody:

- Recommend that _____ (specific child's name) be committed to the Cabinet as a neglected child.
- Recommend that the case remain a non-removal.
- Recommend that temporary custody continue with _____ (specific name of a relative).

Parent's Recommendations:

Mother:

- Cooperate with the cabinet.
- Complete a substance abuse assessment and follow all recommendations by _____.
- Complete a parenting assessment and follow all recommendations by _____.
- Complete a domestic violence assessment, and follow all recommendations by _____.
- Other: _____

Father:

- Cooperate with the cabinet.
- Complete a substance abuse assessment and follow all recommendations by _____.
- Complete a parenting assessment and follow all recommendations by _____.
- Complete a domestic violence assessment, and follow all recommendations by _____.
- Other: _____

DCBS

Date

Approved By

Date

ORDER

The above recommendations have been received and accepted and are now the ORDERS of the court.

The recommendations are ORDERED as above.

The recommendations are ORDERED as above with the exception, if any: _____

Other Orders: _____

JUDGE

DATE

Copies to: Cabinet for Health & Family Services or facility or agency where child is placed.
All counsel of record and/or parents/custodians of child not represented by counsel.