



**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 disposition hearing.

IN THE INTEREST OF: _____, A CHILD

DOB	Sex	Race	SSN

Parent(s):

Mother's Name: _____

Mother's Address: _____

DOB	Sex	Race	SSN

Father's Name: _____

Father's Address: _____

DOB	Sex	Race	SSN

I. Present Situation: (e.g. How are the children doing, how are the parents doing, what type of placement are the children in, etc.)

II. Case History: (What is the case history with the child/family and the agency?)

III. Current Status of the Case: *(If the child has NOT been removed from the home proceed to Section IV below.)*

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's efforts to reunify the family:

3. If removal or continued placement out of the home is recommended by the state child protective service 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 or fictive kin contacted for possible placement with child and why those relatives or fictive kin 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 service 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
 dependent child; or neglected or abused child.

Recommend that the case remain a non-removal.

Recommend that temporary custody continue with be changed to _____
_____ (*specific name of a relative non-relative placement*).

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

Name of SSW

Approved By

SSW Contact Information

Date

Distribution:

- Court file
- Cabinet for Health and Family Services, or facility or agency where child is placed
- All counsel of record and/or parents/custodians of child not represented by counsel