

AOC-CFCRB-12

Rev. 6-17

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Commonwealth of Kentucky

Court of Justice www.courts.ky.gov

KRS 620.280



**Citizen Foster Care Review Board
Case Selection For
Interested Party Review**

Date _____

Board _____

County _____

To: Cabinet for Health and Family Services

From: _____

The attached cases have been selected for an Interested Party Review on _____, _____.

This request is made pursuant to KRS 620.280

Please return a completed form for each child by email or fax by the due date of _____, _____.

Judge: _____

Juvenile Court Case Number: _____

TWIST #: _____

Race: _____

Sex: _____

Permanency Plan: _____

Next Permanency Review Date: _____, _____

Kinship Care: _____ yes _____ no

Concurrent Planning: _____ yes _____ no

Finding of Fact by the Court: _____ Dependency _____ Abuse _____ Neglect _____ Status

Removal Reason: _____ Dependency _____ Abuse _____ Neglect _____ Status

NOTICE: Check as many of the following if applicable:

_____ Restraining Order or DVO

_____ Safety Concern (Bailiff to be present)

_____ Interpreter

_____ Child has exited state's custody

Date child exited care _____, _____

IN THE INTEREST OF

[] **CHILD SHOULD BE INTERVIEWED SEPARATELY FROM OTHER INTERESTED PARTIES**

Child

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

INTERESTED PARTY INFORMATION

Mother

- Termination of Parental Rights
- Waiver of Reasonable Efforts been granted

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Mother's Attorney

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

**Foster Parent (S)
Care Provider**

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Guardian ad litem

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Social Services Worker

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

CASA

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Father

- Termination of Parental Rights
- Waiver of Reasonable Efforts been granted

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Father's Attorney

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

PCC

Name: _____
Therapist Name: _____
Case Manager Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

R&C Worker

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

FSOS

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Please list other parties involved in this case, such as relative(s), fictive kin, paramour, therapist, physician, counselor, teacher or any person relevant to this case.

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Phone: _____ E-mail: _____

Relationship to child: _____

Relationship to child: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Phone: _____ E-mail: _____

Relationship to child: _____

Relationship to child: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Phone: _____ E-mail: _____

Relationship to child: _____

Relationship to child: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Phone: _____ E-mail: _____

Relationship to child: _____

Relationship to child: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Phone: _____ E-mail: _____

Relationship to child: _____

Relationship to child: _____