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| **SUPERIOR COURT OF WASHINGTON****IN AND FOR THURSTON COUNTY****FAMILY & JUVENILE COURT** |  |
| In Re the Dependency of: | No. |
|  |  |
|       | RESPONSE TO COURT REPORT; |
| DOB:       | or ADDENDUM FROM DCYF |
|  | [ ]  (RSP) [ ]  (ADD) |
| A minor child. |  |

PARENTS AND CHILDREN RESPONSE SHEET TO A COURT REPORT

OR DEPARTMENT ADDENDUM (used when court report is not needed)

*Notice: Not filing a response does not interfere with the right of any party to submit oral arguments at the hearing.*

1. **RESPONSE OR ADDENDUM FROM:**

 [ ]  DCYF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of social worker)

(**due 5 court days** **before hearing** or Wednesday before hearing);

 [ ]  Mother’s Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

(**due 3 court days** **before hearing** or Friday before hearing);

 [ ]  Father’s Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

(**due 3 court days before hearing** or Friday before hearing);

 [ ]  Child’s Attorney \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of youth)

 (**due 3 court days before hearing** or Friday before hearing);

[ ]  CASA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

(**due 3 court days before hearing** or Friday before hearing);

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

(**due 3 court days before hearing** or Friday before hearing);

1. **TYPE OF HEARING:**

[ ]  Interim [ ]  Dependency/Permanency Planning [ ]  Motion [ ]  other hearing type:

Identify other type of hearing:

1. **Court set hearing to address following issue:**
2. **Resolution to the issue stated above in A:**
3. **Parties agree to strike hearing:** [ ]  YES [ ]  NO (If Yes, AAG will file motion on Monday’s Ex Parte calendar before Wednesday’s hearing)
4. **If no, explain what has not been resolved:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONLY IF ISSUE ABOVE IS NOT RESOLVED, RESPOND BELOW:**

1. **ALL SERVICES REFERRED:**

[ ] YES [ ] NO: explain what needs to be referred and reason for delay:

1. **Compliance with services** (for Dependency or Permanency Planning Reviews Only):
2. **Progress with services** (for Dependency or Permanency Planning Reviews Only):
3. **VISITATION:**

[ ]  Supervised; [ ]  Monitored; [ ]  Unsupervised.

How often are visits occurring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Describe parent’s attendance and explain strengths and challenges of the visits, if any, for child and parent:
2. Identify any safety risks:
3. Recommendation for change or modification in visitation and reasons for recommendation:
4. **CHILD(S) NEEDS:**
5. Sibling visits occurring:

[ ]  YES, how often:

[ ]  NO, explain why not:

1. Physical needs:
2. Mental health and/or behavioral health needs:
3. School update/educational needs:
4. Placement Issues:
5. **BARRIERS TO REUNIFICATION:**
6. Are there current identified safety threats and/or uncorrected parental deficiencies that are a barrier to reunification? [ ]  YES [ ]  NO
7. If Yes above, please identify the safety threats and/or parental deficiencies that are barriers to reunification:
8. Status of parent in overcoming barriers to reunification:
9. **BARRIERS TO ADOPTION:**

[ ]  YES [ ]  NO

1. If Yes above, please identify the barriers to adoption:
2. Status of progress to overcome barriers to adoption:
3. Projected adoption finalization date:
4. **OTHER ISSUES OR FINAL RECOMMENDATION(S) TO THE COURT:**

|  |
| --- |
| Dated this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ |
|  |  |

Sign here Print name