CAREGIVER INPUT
INPUT FORM

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Current Location: _____

TO: _____ _____
Name **Relationship to the child**

You are being asked for your input because a judicial review is being held for a child or children placed in your home. It is important that the Department and the Court make informed decisions regarding the children's best interest. This form will be filed with the court as an attachment to the Judicial Review Social Study Report/Case Plan Update.

COMMENTS:

What information should the Court consider in determining the action to take in this case?

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What information do you have that the Court should consider to determine what is in the best interest of the child or children?

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Please sign and return this form to your Family Care Counselor. If additional space is required for your comments, additional pages may be attached.

_____
Foster/Shelter Parent/Relative/Non-Relative Signature

_____
Date