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| State_Seal3 | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)**CHINS/ARY Report to Juvenile Court**Please check one **[ ]**  CHINS **[ ]**  ARY |  |
| HEARING DATE (IF KNOWN) |
| DCFS CASE NUMBER | CUSTODIAL PARENT**[ ]**  Mother **[ ]**  Father | INTERPRETER SERVICESREQUIRED **[ ]**  Yes **[ ]**  No | SPECIFY LANGUAGE |
| CHILD’S NAME | DATE OF BIRTH | SEX |
| CHILD’S CURRENT ADDRESS | CITY | STATE | ZIP CODE |
| FATHER’S NAME |
| FATHER’S ADDRESS | CITY | STATE | ZIP CODE |
| MOTHER’S NAME |
| MOTHER’S ADDRESS | CITY | STATE | ZIP CODE |
| GUARDIAN’S NAME |
| GUARDIAN’S ADDRESS | CITY | STATE | ZIP CODE |
| PETITIONER’S NAME | CHILD’S ATTORNEY |
| Does the Child have any pending Juvenile court matters? **[ ]**  Yes **[ ]**  NoIf yes, type of action: **[ ]**  Services to achieve family reconciliation have been provided.**[ ]**  Services to achieve family reconciliation have not been provided.Department recommendations: **[ ]**  Agree **[ ]**  Disagree with filing a petitionComments: |
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| DATE OF FAMILY ASSESSMENT: |
| DATE OF FAMILY ASSESSMENT INTERVIEWS | DATE WRITTEN ASSESSMENT IS/WILL BE COMPLETED |
| DCFS SOCIAL WORKER | TELEPHONE NUMBER |
| DCFS OFFICE ADDRESS | CITY | STATE | ZIP CODE |
| **FOR COURT USE** |
| DATE OF FACT FINDING | DATES OF REVIEW HEARING |