

Reviewer's Initials: _____ Date: _____ Case Number: _____

Court Hearing Observation Form

Timeliness

Scheduled start time: _____ Actual start time: _____

End time: _____

If the hearing was interrupted, how long was the interruption: _____Minutes _____Hours

If the hearing was delayed more the 15 minutes, did the judge acknowledge the delay? Yes____ No____

Reason for the delay: _____

Location Specific Information

For observer's use only

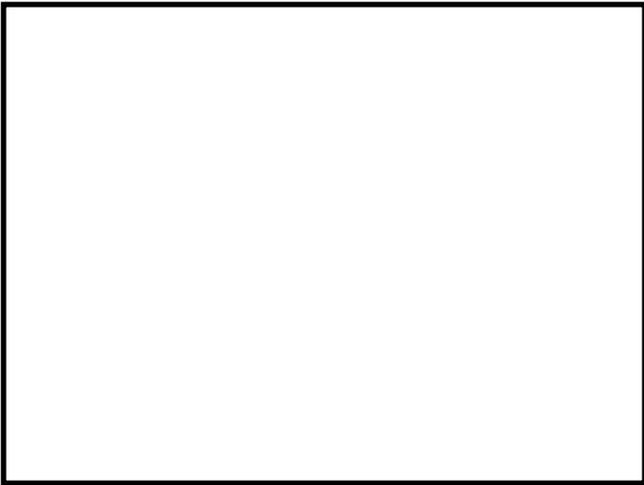
County: _____

How is the hearing scheduled?

Scheduled start time _____ Call _____Other [describe] _____

Name of judge: _____

In the space below, draw the set-up of the courtroom, indicating where each party is sitting.



- M = mother F = father J = judge C = child
- GAL = guardian ad litem MA = mother's attorney
- FA = father's attorney CA = county attorney
- CASA = CASA worker FM= foster mother FF = foster father
- CW = caseworker HHSA = Health and Human Services attorney

Hearing Information

Case Type <i>Identify the case type - more than one case type may apply</i>	Hearing Type <i>Identify the hearing type - more than one type may apply</i>	Was the hearing contested?
<input type="checkbox"/> Juvenile dependency	<input type="checkbox"/> Shelter hearing (or 2end shelter hearing)	<input type="checkbox"/> Yes
<input type="checkbox"/> Request for judicial determinations/ voluntaries	<input type="checkbox"/> Plea hearing	<input type="checkbox"/> Yes
<input type="checkbox"/> Delinquency	<input type="checkbox"/> Pre-trial conference	<input type="checkbox"/> Yes
<input type="checkbox"/> Delinquency cross-over	<input type="checkbox"/> Trial readiness hearing	<input type="checkbox"/> Yes
<input type="checkbox"/> Other specify:	<input type="checkbox"/> Settlement conference	<input type="checkbox"/> Yes
	<input type="checkbox"/> Jurisdiction hearing	<input type="checkbox"/> Yes
	<input type="checkbox"/> Dispositional hearing	<input type="checkbox"/> Yes
	<input type="checkbox"/> Review hearing	<input type="checkbox"/> Yes
	<input type="checkbox"/> Permanency hearing	<input type="checkbox"/> Yes
	<input type="checkbox"/> Initial hearing (TPR only)	<input type="checkbox"/> Yes
	<input type="checkbox"/> Special settings	<input type="checkbox"/> Yes
	<input type="checkbox"/> Other specify:	<input type="checkbox"/> Yes

Is the current hearing a continuation of a previous hearing? Yes___ No/Can't tell___

Party Participation

Party description (check)	Party was present	Party was not present/ unknown	N/A to current hearing	If present, was party addressed directly by the court	
Mother				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mother's attorney				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Father's attorney				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second father				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second father's attorney				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Number of children present: _____				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Guardian ad litem				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child attorney				<input type="checkbox"/> Yes	<input type="checkbox"/> No
County attorney				<input type="checkbox"/> Yes	<input type="checkbox"/> No
AAG/DDA				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Caseworker				<input type="checkbox"/> Yes	<input type="checkbox"/> No
CASA				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Department attorney				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foster parent (relative or non-relative)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tribal representative				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpreter				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other relative				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other caregiver				<input type="checkbox"/> Yes	<input type="checkbox"/> No
ILP worker				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other participants				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Attorney/Caseworker Participation

Rate the **mother's attorney's** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **father's attorney's** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **2nd father's attorney's** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **GAL's** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **child's attorney's** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **county attorney's** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **AAG/DDA** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **department attorney's** involvement in the hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Rate the **caseworker's** involvement in hearing N/A

-1 (limited; agreed with recommendation) 0 (some, but not extensive) 1 (substantially involved)

Explain/comments: _____

Judicial Engagement and Procedural Fairness

(check each item)	Yes	No	N/A
Procedural fairness			
Did the judge advise the parties of their rights?			
Did the judge explain the reason for today's proceeding?			
Did the judge explain the process associated with the proceeding?			
Did the judge explain the next steps after today's proceeding?			
Did the judge inform parties' right to counsel?			
Did the judge assign or appoint counsel at today's proceeding?			
Did the judge make an effort to ensure the outcome was understandable to the parents?			
Did the judge explain the importance of achieving reunification and/or permanency within deadlines established by law?			
Judge's engagement with parties			
Was a parent's absence discussed?			
Was a child's absence discussed?			
Did the judge engage the child (e.g. asking input if age appropriate, acknowledging the child)?			
Did the judge engage the parent (e.g. using encouragement or accountability)?			
If the foster parents were present, were they given the right to be heard?			
Did the judge refer to parties by name?			

Were the following issues discussed regarding the child?

(check each item)	-1 Not mentioned	0 Mentioned, not in detail (conclusive statements)	1 Discussed in detail (foundational facts)	N/A
Current placement				
Child's education/child care				
Visitation with parents				
Progression in visitation				
Visitation with siblings				
Other relative visitation				
Child's behavior/adjustment				
Developmental health				
Medical/dental health needs				
Mental/behavioral health needs				
Medications (behavioral)				
ICWA eligibility				
Other				

Were the following issues discussed regarding the parents?

(check each item)	-1 Not mentioned	0 Mentioned, not in detail (conclusive statements)	1 Discussed in detail (foundational facts)	N/A
Identity of non-custodial parent				
Progression toward permanency				
Parent's behavior/adjustment				
Therapy				
Abstinence from drugs; UA's				
Substance abuse treatment				
Medication (behavioral)				
Parenting intervention programs				
Other				

Continuance

Was the Hearing continued?

- Yes, entire hearing was continued to future time or date Yes, part of the hearing was continued
 No Unclear

Reason for Continuance (check all that apply)	Absence	Tardiness	Lack of preparation	Parties not served	Other Specify:
Agency Social Worker (case worker)					
Agency attorney/prosecutor					
Attorney for Child					
Guardian ad litem					
Parties (mother, father, child)					
Attorney for parent(s)					
Witness					
Qualified Expert Witness					
Tribe or Other Intervener (ICWA)					
Court					
Time ran out	n/a	n/a	n/a	n/a	<input type="checkbox"/> Yes
Other: _____					

Hearing Outcome

Did the court close the child(ren)'s cases(s)? No Yes Case was closed for some but not all cases

If the case is closed, what reason does the court give,

- Compliant with case plan and services- case dismissed Permanency Goal Achieved: Guardianship
 Prosecution decides not to proceed Child Reached Age of Majority
 Allegations(s) Not Sustained (i.e., not proven) Emancipation
 Permanency Goal Achieved: Reunification Unable to Determine
 Permanency Goal Achieved: Adoption Other: _____

Please include any general observations about the hearing that you have that were not addressed in this form (optional).
