

The Separate Juvenile Court of Douglas County Nebraska Facilitated Protective Custody Pre-Hearing Conference

Family Name: _____ Doc. _____ No. _____

I. Identify Parents

Mother: _____

Father: _____

Is the father identified on the birth certificate? Yes No

If no, then the mother needs to complete a paternity affidavit.

II. Indian Child Welfare Act

Is the child(ren) enrolled or eligible for enrollment in a Native American Tribe under the Indian Child Welfare Act? Yes No

If yes what tribe(s): _____ Who will send notice? _____

When? _____

III. Placement of Children

Can the child(ren) safely be returned home after this hearing? Yes No

Why or why not?

If yes, please attach a safety plan.

Relative placement of the child(ren)?

Are there relatives available?

List name, relationship, phone number, address:

1) _____

2) _____

3) _____

4) _____

5) _____

IV. Family Time - type, frequency, age-appropriate

Visitation for the Mother _____

Visitation for the Father _____

Visitation for siblings _____

Visitation for Grandparents _____

Visitation for relatives/friends _____

V. Provision of Reasonable Efforts Services:

What? _____

When? _____

Payment source? _____

Parent(s) willing to participate in services immediately? YES NO

If yes, use additional form.

What? When?

Children in need of immediate services? YES NO

If yes, use additional form.

What? When?

VI. Next Steps / Action Steps

1) _____

2) _____

3) _____

VII. Closure

Statement that participation in the identified services will not impact the adjudication

Signature of Participants

Mother _____ Mother's Attorney _____

Father _____ Father's Attorney _____

County Attorney _____ GAL _____

HHSS _____

Other Participants _____

Services for the Family

Parents:

Service Needed	Potential Provider	Who will arrange
Psychological Evaluation		
Chemical Dependency Evaluation		
Psychiatric Evaluation		
Urine Drug Tests		
Medical Evaluation		
Anger Management		
Individual Therapy		

Child(ren):

Services Needed	Potential Provider	Who will arrange
Psychological Evaluation		
Chemical Dependency Evaluation		
Psychiatric Evaluation		
Medication re-evaluation		
Urine Drug Tests		
Medical Evaluation		
Dental Evaluation		
Individual Therapy		
School / Academic testing		

Family:

Services Needed	Potential Provider	Who will arrange
Intensive Family Preservation		
Family Therapy		
Family Group Conferencing		