

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT**

In the Matter(s) of:

(Child's Name)

Case No. _____
Social File No. _____
Date of Birth _____

(Child's Name)

Case No. _____
Social File No. _____
Date of Birth _____

(Child's Name)

Case No. _____
Social File No. _____
Date of Birth _____

(Child's Name)

Case No. _____
Social File No. _____
Date of Birth _____

(Child's Name)

Case No. _____
Social File No. _____
Date of Birth _____

Next Hearing Date: _____

JUDGE _____

INITIAL HEARING / FURTHER INITIAL HEARING ORDER

This matter came before the Court on the _____ day of _____, 200____.
The following are the interested parties. (Individuals in attendance are marked in box to the left of the name).

INTERESTED PARTIES

- _____, Mother
- _____, Father of _____
- _____, Father of _____
- _____, Father of _____
- _____, ACC
- _____, SW
- _____, GAL
- _____, Mother's Counsel
- _____, Counsel for Father _____
- _____, Counsel for Father _____
- _____, Counsel for Father _____
- _____, _____
- _____, _____
- _____, _____

The order of this court, dated _____, 200__, remains in effect and is incorporated by reference herein, except as specified below.

BIRTH FAMILY INFORMATION

- Birth Mother
 - Name _____
 - Date Of Birth ____/____/____
 - Date Of Death ____/____/____
 - Current Address _____
 - Last Known Address _____

- Whereabouts unknown
The Agency's **Diligent Search** Unit shall initiate a search for the birth mother and file an affidavit by the _____ day of _____, 200__, regarding efforts to locate her.

- Birth Father
 - Name _____
 - Date Of Birth ____/____/____
 - Date Of Death ____/____/____
 - Current Address _____
 - Last Known Address _____

- Whereabouts Unknown
The Agency's **Diligent Search** Unit shall initiate a search for the birth father and file an affidavit by the _____ day of _____, 200__, regarding efforts to locate him.

- Father has not been Identified
 - An Affidavit of Denial of Knowledge of Paternity has been received from: _____
 - An Affidavit of Denial of Paternity has been received from: _____
 - A Paternity Test has been ordered:
For Whom: _____
Date of Test: ____/____/____
 - Since the identity of the birth father remains at issue, the birth mother shall appear before this Court at the next hearing to address the issue and her failure to appear may result in her arrest

OR

- The birth mother has completed testimony stating she cannot identify Respondent's father or provide any identifying information.

SERVICE & NOTICE

After a hearing and upon consideration of an oral report from
_____, _____
(name) (affiliation, occupation)

the Court makes the following findings:

The following parties **have been served** with the Petition:

Parties Served

Means of Service

Mother: _____
Date: _____

- Notice Received
- Notice not Received
- Constructive
- Personal
- In open court
- Left with a Third Party (D.C. Code § 16-2306)

(name and relationship)

Father: _____
Date: _____

- Notice Received
- Notice not Received
- Constructive
- Personal
- In open court
- Left with a Third Party (D.C. Code § 16-2306)

(name and relationship)

Other: _____
Date: _____

- Notice Received
- Notice not Received
- Constructive
- Personal
- In open court
- Left with a Third Party (D.C. Code § 16-2306)

(name and relationship)

The following parties have **not been served**:

PROBABLE CAUSE

- A Probable Cause Hearing was held and the Court determined that there is:
 - Probable Cause for Removal
 - No Probable Cause for Removal

A Probable Cause Hearing is Scheduled for the ____ day of _____, 200__.

- A Waiver of Probable Cause has been completed and filed with the Court.
- Probable Cause is reserved under Neglect Rule 13.

SAFETY OF THE CHILD AND CONTRARY TO WELFARE FINDING

Child(ren) May Safely Remain At Home:

The child(ren) was/were not removed from the home because it is safe for the child(ren) to remain

at home, thus, the child(ren) has/have been **Conditionally Released** to the parent.

OR

The child(ren) was/were removed from the home on ____/____/____, but it was safe for the child(ren) to return home under **Conditional release** on ____/____/____, in that:

Child(ren) Cannot Safely Remain At Home:

The child(ren) was/were removed from the home on the ____ day of _____, 200__, and was/were placed:

In Shelter Care with a relative

Name & relationship: _____

Address: _____

In Shelter Care/Foster Care/Group Home with a non-relative:

In Conditional Release with a relative

Name & relationship: _____

Address: _____

In Conditional Release with a non-relative

AND

The child(ren) cannot safely remain in the home for the following reasons:

Abusive or threatening conduct toward the child(ren) in that:

Unexplained illness or injury in that:

Mental or physical impairment of the parent/caretaker in that:

Other:

In evaluating the harm that may result from placement out of the home, the Court has considered:

- The child(ren)'s attitude/adjustment toward out of the home placement.
- The child(ren)'s bond with the parent(s)/guardian(s)/custodian(s).
- The disruption to the child(ren)'s school and social relationships.

THEREFORE, it is the finding of this Court that it would be **Contrary to the Welfare of the Child to return home.**

EFFORTS/SERVICES TO PREVENT REMOVAL AND REASONABLE EFFORTS FINDING

The agency has made the following efforts to prevent the removal of the child(ren) from the home:

Due to incarceration or extraordinary circumstance(s) which include:

the agency has been unable to provide services to the:

- Birth Mother
- Birth Father,

THEREFORE, the fact that **no reasonable efforts were made is hereby deemed reasonable.**

Based upon the affidavit presented by the government and evidence presented at the hearing, the Court finds that the agency

Has
 Has Not
made reasonable efforts to prevent the child(ren)'s removal from the home.

OR

That a finding of Reasonable Efforts be made within sixty (60) days of the child(ren)'s removal.

ORDERED that services shall be provided to the parent(s)/guardian(s)/custodian(s) to

facilitate a return home. (See "Services for Family, Caretaker and Child")

OR

No Reasonable Efforts Are Required IN THE FUTURE

The Government has presented evidence in support of a finding that no reasonable efforts are required to reunify the Respondent and his birth parent(s). The Court further finds that the child's removal is necessary, regardless of any services that could be provided to the child or his/her family. Moreover, continuation of the child in the home would be contrary to the welfare of the child because:

- Birth Mother
- Birth Father
- Other _____

- Subjected a sibling of the child, or another child to cruelty, abandonment, torture, chronic abuse or sexual abuse;
- Committed the murder or voluntary manslaughter of a sibling of a child who is the subject of the petition, or another child;
- Aided, abetted, attempted, conspired or solicited to commit the murder or voluntary manslaughter of a sibling of a child who is the subject of the petition, or another child; or
- Committed an assault that constitutes a felony against the child who is the subject of a petition, a sibling of such a child or another child;

OR

- Parental rights were involuntarily terminated through a Motion to Terminate Parental Rights or through the waiver of consent in an adoption on the ____ day of _____, 200__.

(Name of Court)

OR

- The child(ren) have been abandoned by the birth parent in that:

- THEREFORE, it is hereby ORDERED** that the agency **does not have to make reasonable efforts** to reunify the child with the family.

PLACEMENT

- ORDERED** that the child shall be placed in:

CONDITIONAL RELEASE

- ORDERED** that the child(ren), _____ shall be **CONDITIONALLY RELEASED** to _____, and the following conditions or restrictions shall apply:

THIRD PARTY PLACEMENT (not foster home)

ORDERED that the child(ren), _____ shall be placed in the home of _____, as a **THIRD PARTY PLACEMENT** and the following conditions or restrictions shall apply:

Signature of Agency Representative

Parent or Guardian for Conditional Release
to parent or third party

SHELTER CARE

ORDERED that the child(ren), _____, shall be placed in **SHELTER CARE** and the following conditions or restrictions shall apply:

MEDICAL, PSYCHIATRIC, OR TREATMENT FACILITY, pursuant to

§ 16-2315

ORDERED that the child(ren), _____, shall be placed in a **FACILITY** _____ (recommended by CFSA) for treatment of:

_____.

SERVICES TO THE FAMILY, CARETAKER & CHILD

See **Attachment A** for Services. There are ____ attachment A's, one for each person to whom services are ordered.

Prior order for services remains in effect **except**:

1. _____
2. _____
3. _____

ORDERS

It is hereby **ORDERED**, that no later than the ____ day of _____, 200__, the Agency shall conduct a home study, conduct local records checks and Child Protection Clearances on each adult resident in the home of:

1. _____

- 2. _____
- 3. _____
- 4. _____

VISITATION

Visitation between child(ren) and _____ shall be
 Supervised by _____
 Unsupervised

Visitation between child(ren) and _____ shall be
 Supervised by _____
 Unsupervised

Conditions of Visitation:

(Parent(s) must comply with all of conditions. Failure to comply with conditions may result in modification of visitation order.)

Visitation between _____ is **PROHIBITED** for the following reasons _____

SCHEDULING ORDER

It is **ORDERED** that the following scheduling order shall be in effect:

GOVERNMENT PROPOSED STIPULATION: The Government shall tender a proposed stipulation by the by the ___ day of _____, 200__.

REPLY STIPULATION: Reply stipulation by all counsel shall be tendered by the ___ day of _____, 200__.

DISCOVERY: The following discovery schedule shall be in effect:

Discovery request to be served by _____ on or before the ___ day of _____, 200__.

Responses are due on or before the ___ day of _____, 200__.

Absent good cause, all discovery motions to compel shall be filed no more than seven (7) business days after the date responses are due, therefore, they must be filed on or before the ___ day of _____, 200__.

MEDIATION: Mediation is scheduled for the ___ day of _____, 200__.

Social Worker's Mediation Report is due two (2) business days prior to the mediation session, therefore, the report must be filed on or before the ___ day of _____, 200__.

Mediation Event is to occur at _____.

(address)

CASE PLAN: A signed and completed Case Plan between the Agency and the parent(s) shall be submitted to the Court no later than the ___ day of _____, 200__.

ICPC: ICPC shall be completed by the ___ day of _____, 200__.

IMPORTANT COMMUNICATION INFORMATION

Is any party incarcerated?

Yes
Name: _____
Relationship: _____
PDID #: _____
Location and address: _____

No

Is an interpreter needed?

Yes
Language: _____

No

Is a telephone connection for pretrial/trial requested?

Yes

No

NEXT HEARING DATE

The Next Scheduled Court Event will be:

(Type of Hearing)

Next Hearing Date: ____/____/____

Time: _____ a.m./p.m.

Judge: _____

Place: Courtroom _____ of the Main Courthouse at 500 IndianA Ave., NW, Washington, DC 20001

DATE

ASSOCIATE JUDGE/ MAGISTRATE JUDGE