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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 SERVICES  REQUIRED  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  No  If 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 petition  Comments: | | | | | | | | | | |
|  | | | | | | | | | | |

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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 | | | | | |