

Department of Children and Family Services /  
Bureau of Operations  
Regional Office Address  
City, State, Zip Code  
CSW Name  
CSW Phone Number  
CSW File #, First Initial, Last Name  
DSS No. (State ID)

Text in **BLACK** automatically populates when the document is created in CWS/CMS. Complete your document by referring to the **PURPLE** text.

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES**  
201 Centre Plaza Drive, Monterey Park, California 91754

## **241.1 WIC REPORT**

**Hearing Date**      **Hearing Time**      **Dept./Room**      **Hearing Type/Subtype**

This information will be populated from the Hearing Notebook.

### **IN THE MATTER OF**

**Name**                                      **Date of Birth**      **Age**      **Sex**      **Court Number**

This information will populate from the Hearing Notebook and the youth’s Client Notebook. Enter the youth’s CWS/CMS case ID number and Probation case number below the youth’s name.

### **CHILD(REN)’S WHEREABOUTS**

List the name and address of the youth. Enter the youth’s caregiver’s name, and relationship to the youth, address and telephone number.

- If the youth is in a licensed foster home or foster family agency certified home that wants to exercise its right to maintain the confidentiality of its address pursuant to WIC 308(a), enter the name of the foster parent and “placement address is confidential pursuant to WIC 308(a)” after the youth’s name.
- If the court has issued a non-disclosure order, enter “non-disclosure order issued (enter date)” after the youth’s name.

**PARENTS/LEGAL GUARDIANS****Name/  
Birthdate****Address/  
Phone****Relationship/  
To Whom**

This information will populate from the parent's and legal guardian's Client Notebook. If the address is confidential, delete the address and enter "Confidential."

- If the identity of a parent or the requested information in the grid is unknown, enter "unknown" in the spaces provided.
- If necessary, edit/enter data directly into these fields.

**OTHERS****Name/  
Birthdate****Address/  
Phone****Relationship/  
To Whom**

Select only those individuals who have a direct interest in the youth. It is not necessary to list collateral contacts in this section. If necessary, edit/enter data directly into these fields.

**DEPUTY PROBATION OFFICER****Name****Address****Phone**

Manually type in the Deputy Probation Officer's name, address, and telephone number.

**INTERPRETER****Interpreter Required****Language****For Whom**

If the participant(s) (e.g., youth, parent, caregiver, etc.) require interpreter, indicate who needs the interpreter and in what language.

**ATTORNEYS****Name****Address/  
Phone****Representing**

This field is populated from the database with the exception of information regarding attorneys representing tribes or tribal organizations. This information must be entered manually. If necessary, edit/enter data directly into these fields.

**INDIAN CHILD WELFARE ACT STATUS**

The Indian Child Welfare Act does or may apply.

**Child's Name****Indian Child****Tribe (If Known)****ICWA Eligible**

If not previously done, ask the parent and/or youth if he/she is American Indian from a federally or non-federally recognized tribe, and document his/her response. If new information is obtained on the youth's American Indian status, initiate the appropriate paperwork.

If previously asked, enter his/her response and the date they were asked. Indicate which parent is affiliated with which tribe(s), if known. Also, indicate whether the tribe(s) and/or the Bureau of Indian Affairs (BIA) have been notified that dependent youth proceedings have been initiated on the youth's behalf and whether the tribe, if known, has been notified of their right to intervene. If a tribe was notified, provide its name. Notify the tribe(s) if it was not previously done.

If the youth is or may be American Indian, enter efforts made to locate an Indian home for the youth's placement. Alternatively, if there are appropriate non-Indian placements for the youth, document justification for not placing with an Indian caregiver. Include dates of all actions taken. If the youth's **ICWA** status is not resolved, contact the County Counsel listed on the minute order for further instructions and information on how to proceed.

**NOTICES****Name****Relationship****Method****Notice Date**

If this is a non-appearance hearing or an appearance hearing not requiring notice, enter "N/A."

If this is an appearance hearing, all information in this field is populated from the database. If necessary, edit/enter data directly into these fields. Attach the notices to the report.

If the whereabouts of a parent is unknown, enter "(parent's name)'s whereabouts is unknown."

**LEGAL HISTORY****300 WIC Subsection(s)****Initial Removal****Initial Detention Order****Initial Jurisdiction Finding****Initial Disposition Order****Initial 364 FM Review****Second 364 FM Review****Initial 366.21(e) – 6 Month FR Review****Initial 366.21(f) – 12 Month FR Review****Initial 366.22 – 18 Month FR Review**

Erick - 08/18/2011

Erick - 02/16/2012

**FR Services Terminated****Non-Reunification Ordered****Initial Permanent Plan: Type/ Date Ordered****Current Permanent Plan: Type/ Date Ordered**

Hearing information in this field is populated by the database. If necessary, edit/enter data directly into these fields.

**Additional Legal History**

If any previous WIC Section 300 petition or 342, 387 or 388 supplemental petitions have been filed, list the date it was filed and the date the petition was sustained and enter the exact language of the sustained supporting fact(s) on the petitions, the name of the child on whose behalf the petition was filed and the date it was sustained or dismissed. If any of the sustained supporting fact(s) contain the exact same language, it is only necessary to enter the sustained count once.

Provide details of any prior delinquency matters, current charges and the status of any current delinquency proceedings.

**REASON FOR HEARING**

Enter the following:

“The matter is before the court for the submission of a WIC 241.1 Joint Assessment for the youth (enter the youth's name).”

**STATEMENT OF FACTS**

Provide a brief description of the facts that lead to this youth becoming the subject of a WIC 241.1 Joint Assessment.

**STATEMENTS OF PARTIES**

**Youth:**

List the youth's name, date of interview, location of interview, and telephone number. If the youth is incarcerated, attempt to interview the youth by contacting the DPO. Enter a statement from the youth as it relates to the information contained in the report. Statements must be recorded verbatim, whenever possible.

**Parents/Legal Guardians:**

List the parent's name, relationship to the youth, date of interview, location of interview, telephone number. If a parent/legal guardian is incarcerated, attempt to interview the parent by contacting the prison warden, counselor or chaplain. If face-to-face contact is not possible, contact him/her by telephone or written correspondence.

Enter a statement from the parent as it relates to the information contained in the report. Statements must be recorded verbatim, whenever possible. If a parent/legal guardian whereabouts are unknown, enter that information here.

**Others:**

Initiate telephone contact with secondary parties. Examples of secondary parties are: DPO's, law enforcement, school and medical staff, therapists, CASAs, youth's attorney(s), neighbors, friends, relatives, etc. Document each party's name, title, address, phone number, date of interview and location and mode of interview.

**ASSESSMENT/EVALUATION**

The assessment must include, but is not be limited to, the following:

1. A description of any behavioral problems and/or delinquent activities.
2. The basis of the youth's current legal status.
3. A description of the youth's family, relationship with family and, if applicable, the date the youth last resided with his/her family.
4. If applicable, the placement history, including number, length and type of placements, and a summary of the youth's experiences in each placement.
5. If applicable, the youth's functioning at school, including the name of the school, current grade level, and any past or current school-related problems.
  - Include any information involving an IEP and/or Special Education.
6. The name of any agencies or programs from which the youth and/or family are receiving services.
  - Services may include the Department of Probation, DPSS, Social Security, counseling, mental health or Regional Center. Describe the youth's and/or parent's participation. Provide the name, address and telephone number of the contact person(s).
7. List the youth's identified health and mental health needs and list the services that have been provided to address these needs. Document the effectiveness of these services and interventions.
8. Describe the youth's criminal and probation history.
9. Based on the youths current needs, list what services will meet these needs and which agency(ies) in the youth's community can provide these services.
10. Document which Department(s) (i.e., DCFS, Probation or DCFS and Probation) will arrange the services.
11. Include the DPO's assessment and statement(s). Statements must be recorded verbatim whenever possible.
12. Document whether or not the youth is at risk in his/her current placement, and if so, what the risk or danger is.
13. Document whether or not the youth poses a risk/danger to society and, if so, what that risk/danger is.
14. Document whether or not the youth poses a risk/danger to other youth or children in a placement setting and, if so, what that risk/danger is.

**RECOMMENDATION**

Enter the appropriate version of either recommendation 1, 2, or 3 as determined by the Multidisciplinary Team (MDT):

1. "That Dependency Court supervision continue and that the [insert one (1) of the following:]
  - a. Delinquency Court Proceedings not be initiated."
  - b. Delinquency Court proceedings not be continued."
  - c. Youth be placed on Informal Probation pursuant to WIC 654.2, 725(a) or 790(a) with Dual Supervision and DCFS as the Lead Agency."

- 2. "That Delinquency Court proceedings be [insert one (1):]
  - a. Initiated and the youth remain under Dependency Court supervision pending disposition of the delinquency matter."
  - b. Continued and the youth remain under Dependency Court supervision pending disposition of the delinquency matter."
  
- 3. "That Dependency Court and Delinquency Court provide Joint Jurisdiction pursuant to WIC 300 and 602 with Dual Supervision by DCFS and Probation and Lead Agency to be [enter determination made in the 241.1 Joint Assessment meeting]" Enter either:
  - a. "This is a joint decision made by the MDT."
  - b. "This is a joint decision made by the MDT, but there was a prior disagreement which was resolved by Probation."

**Respectfully Submitted,**

Philip L. Browning, Director  
Department of Children and Family Services

**By**

\_\_\_\_\_  
**CSW Name, Title, File #, First Initial, Last Name, Phone Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**SCSW Name, SCSW, (626) 229-3863**

\_\_\_\_\_  
**Date**

Chief Probation Officer's Name  
Name of Probation Department

**By**

\_\_\_\_\_  
**Name, Deputy Probation Officer, Phone Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name, Supervising Deputy Probation Officer, Phone Number**

\_\_\_\_\_  
**Date**

Child's Name

(Court Case Number) CK00000

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*I have read and considered the above report.*

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**Judicial Officer**

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**Date**