Department of Children and Family Services /
Bureau of Operations
Address of Regional Office
Address of Regional Office
CSW's Name
CSW's Telephone number
CSW's File number
DSS No. 0000000

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

INTERIM REVIEW REPORT

Hearing Date	**Hearing Time**	**Dept./Room**	**Hearing Type/Subtype**
00/00/0000	08:30am	000	366.26 Selection & Implementation / 388

IN THE MATTER OF

Name	**Date of Birth**	**Age**	**Sex**	**Court Number**
Automatically populates from the Hearing Notebook and the child's Client Notebook	00/00/0000	X	X	CK00000

CHILD(REN)'S WHEREABOUTS

1. **List the name and address of each child.**
2. **Enter each child's caregiver's name, relationship to the child, address, and telephone number.**
3. **If the court has issued a non-disclosure order, enter, "non-disclosure order issued [enter date]" after the child's name.**
4. **Paste a current photograph of each child into this section below the entered text.**
   - **If unable to paste a current photograph of each child to the report, black and white photos are acceptable.**

Confidential in accordance with Penal
Code Section 11167.5 and/or WIC
Sections 827 and 10850.

Interim Review Report
12/31/2099

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PARENTS/LEGAL GUARDIANS

Enter the birthparent(s)' name and the date the parental rights were terminated.

Name/ Birthdate	Address/ Phone	Relationship/ To Whom

OTHERS

1. **Select only those individuals who have a direct interest in the child.**
   - **Include any relevant collateral contact in this section.**
2. **If needed, edit/enter data directly into these fields.**

Name/ Birthdate	Address/ Phone	Relationship/ To Whom

ATTORNEYS

All information in this field is populated from the database, with the exception of information regarding attorneys representing tribes or tribal organizations. Enter this information manually.
1. **If necessary, edit/enter data directly.**
2. **Consult the most recent minute order, and update the information if necessary.**

Name	Address/ Phone	Representing

<u>INDIAN CHILD WELFARE ACT STATUS</u>

1. **Enter the information documented in previous reports regarding the child's Indian status.**
2. **Document any new information received regarding the parent and/or child's Indian status, if appropriate.**

<u>NOTICES</u>

This information is populated from the database.
1. **Ensure information regarding the parties entitled to notice is accurate.**
2. **If necessary, edit/enter data directly into these fields.**
3. **If the notice was by publication, ensure that the proof of publication and the DCFS 4380 are attached to the report.**
4. **Attach the notices to the report.**

   ▪ **Children, by law, are entitled to the attend court hearings. Every child, four (4) years of age or older, must be advised of his/her right to attend court hearings by the CSW.**
   ▪ **A child must attend court hearings unless his/her appearance is waived by his/her attorney.**
   ▪ **The CSW is responsible for arranging the transportation of the child to the court**

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

LEGAL HISTORY

Hearing information will be pre-populated by the database. These dates come from the hearings in which the Hearing Results pages have specific findings and/or orders entered.
1. **Enter "N/A" if there is no new information since the last hearing.**
2. **If there is new information, describe the information, jurisdictional transfers, and/or prior dependency court proceedings.**
3. **If a supplemental/subsequent petition was filed, indicate the date it was filed, the type of petition (WIC 387 or 342), and the name of the child on whose behalf it was filed.**
    a. **Indicate the date it was sustained or dismissed.**
    b. **List the sustained count(s) of the petition using the exact language of the sustained counts.**

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**
FR Services Terminated	**Non-Reunification Ordered**	

Initial Permanent Plan: Type/ Date Ordered	**Current Permanent Plan: Type/ Date Ordered**

Additional Legal History

REASON FOR HEARING

1. **Enter, "The matter was last heard on [enter the last court date], in Department [enter the department number], and is now before the court for a report regarding reinstating parental rights."**

PATERNITY/LEGAL RELATIONSHIPS

1. **Enter the name of the birthparent(s) and the date parental rights were terminated.**

CRIMINAL HISTORY

1. **Address all clearance results in the report.**
2. **Enter the person's name, aliases, information and description of any arrests and/or convictions, probation/parole status including expiration date of probation/parole and the name and phone number of the current Probation Officer, if known.**

      a. **If the individual is currently incarcerated, include the name and location of the jail/prison, his/her jail/prison ID number, and the anticipated release date.**

      b. **Enter "No criminal history known at this time," if there is no criminal record found.**

3. **If a criminal record request has been submitted but the results have not been received, indicate who the clearance was for, his/her relationship to the child, and the date the request was submitted.**

4. **If a request has been submitted for a Live-Scan report and the results have not been received, indicate who the clearance was for, the relationship to the child, the date the request was submitted, and that the Live-Scan results have been received.**

5. **If any adults residing in the home refuse to Live-Scan, include this information here.**

CURRENT SITUATION

1. **Record statements, when possible verbatim, from birthparent(s) and the child, if verbal.**

2. **Document any prior child welfare history for all adults in the home, including the services provided to the parent as a child in Los Angeles County or other jurisdictions.**

3. **Indicate where and when the services were provided. Describe in detail the type of allegations involved, the results of the investigation, and the extent of child protective services involvement.**

4. **State the level of compliance/cooperation with the previous service plan(s) and of maintaining contact with the agency.**

5. **Provide a statement about the potential impact of any child welfare history on the abilities of the parent/legal guardian to currently care for the child.**

6. **Document any previous family law court orders.**

Statements/Observations

Child(ren):

Parents/Legal Guardians:

Others:

ASSESSMENT/EVALUATION

1. **Address birthparent(s)' degree of compliance with previous reunification services, and his/her progress towards resolution of all substantiated allegations. Address whether or not reinstating parental rights is in the best interest of the child. Include the birthparent(s)**

ability to care for the special physical, psychological, educational, medical, or emotional needs of the child. Address the wishes of the parent, and, if appropriate, the child.

2. Identify problems that were resolved and objectives achieved as well as problems that have not been resolved. Document the reasons why.
3. Assess the ability of the birthparent(s) to:
    a. Provide a safe and stable environment for the child, including a home and any necessities
    b. Exercise proper and effective care and control of the child
    c. Be able to participate in all elements of the case plan, if applicable
4. State in detail how the child is doing. Thoroughly discuss reports from schools, therapists, or treatment programs.
5. Indicate whether a Team-Decision Making (TDM) meeting took place.
    ▪ If it did, indicate the date of the meeting and who participated.
    ▪ Provide a brief summary of what transpired and the outcome of the meeting.
6. Discuss the risk identified in the SDM Risk Reassessment tool
    ▪ Do not mention the tool itself that was used or considered
7. Discuss the frequency and quality of visitation with the child.
8. Describe the birthparent(s)' participation and degree of involvement and other relevant observations during the visitation.
9. Provide the CSWs' assessment of the visit, including interactions between the child and parents. If the CSW was not present during the visitation, record the name, telephone number, address, and title/relationship to the child of the person(s) providing the visit information.

ATTACHMENTS

Not applicable.

RECOMMENDATION

Enter, "It is respectfully recommended that the court find [choose either 1 or 2 below]:
1. That reinstating the parental rights of [name] is in the best interest of the child.
    a. That Family Reunification services be ordered; or,
    b. That a home of parent order be issued.
        ▪ If the Court reinstates parental rights for the parent of a child who is under twelve (12) years of age and for whom the new permanent plan will not be reunification with the parent/legal guardian, the Court must specify the factual basis for its findings and that it is in the best interest of the child to reinstate parental rights
2. That reinstating the parent rights of [name] is not in the best interest of the child.

Respectfully Submitted,

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

By

_____   _____
CSW's Name, File number, and Telephone Number   **Date**

_____   _____
SCSW's Name and Telephone Number   **Date**

▪ **Create an additional signature line for the ARA.**

I have read and considered the above report.

_____
Judicial Officer

_____
Date