

AOC-CFCRB-12

Rev. 6-19

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Commonwealth of Kentucky

Court of Justice www.courts.ky.gov

KRS 620.250; 620.270; 620.280



**Citizen Foster Care Review Board
Case Selection For
Interested Party Review**

Date _____

Board _____

County _____

To: Cabinet for Health and Family Services, this request is made pursuant to KRS 620.250; 620.270; 620.280

Judge: _____

Juvenile Court Case Number: _____

TWIST #: _____

Race: _____

Sex: _____

Permanency Plan: _____

Next permanency review date: _____, _____

If goal change is adoption, date of change: _____, _____

Kinship Care: yes no

Concurrent planning: yes no

Finding of fact by the Court: Dependency Abuse Neglect Status

Removal reason: Dependency Abuse Neglect Status

NOTICE: (Check as many of the following if applicable)

Restraining Order or DVO/EPO No Contact Order for (name) _____

Safety concern (Bailiff to be present) Interpreter (Language): _____

Child has exited state's custody Date child exited care _____, _____

IN THE INTEREST OF

[] CHILD SHOULD BE INTERVIEWED SEPARATELY FROM OTHER INTERESTED PARTIES

Child

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

**Foster Parent(s)
Care Provider**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

Social Services Worker

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

FSOS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

INTERESTED PARTY INFORMATION

Mother

Termination of parental rights

Date: _____, _____

Waiver of reasonable efforts been granted

Date: _____, _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

Mother's Attorney

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

Guardian ad litem

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

CASA

Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

PCC

Name: _____

Therapist Name: _____

E-mail: _____

Case Manager Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Father

Termination of parental rights

Date: _____, _____

Waiver of reasonable efforts been granted

Date: _____, _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

Father's Attorney

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

R&C Worker

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

E-mail: _____

Please list other parties involved in this case, such as relative(s), fictive kin, paramour, therapist, physician, counselor, teacher or any person relevant to this case.

Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Relationship to child: _____

Name: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Relationship to child: _____