

Legal Department Referral Send Form to Legal Department

Case Name: _____ SACWIS Number: _____
 Caseworker: _____ Unit: _____ Phone: _____
 Supervisor: _____ Phone: _____

Name	Court Case	JC Number	Complaint
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Request for:

Extend Jurisdiction Extend Temporary Custody Permanent Custody Permanent Surrender	Planned Permanent Living Arrangement Temporary Custody Terminate Protective Supervision Terminate/ Transfer Custody
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Other (Please specify): _____

PLEASE NOTE:

If this will result in a court filing, please check below if any address should be blocked from appearing on the certification.

Do not show mother's address

Do not show father's address

(If multiple father's are listed, please indicate which ones _____)

Parents (Including all AKA's; addresses must have zip codes)

Father OF

AKAs

Mother OF

AKAs

Father OF

AKAs

2. Child(ren): (In part "A", check only those children involved in the action you are requesting)

A.

DOB:

Current Placement:

Current Placement Date:

Initial Placement Date:

Custody:

2. Child(ren): (In part "A", check only those children involved in the action you are requesting)

A.

DOB:

Current Placement:

Current Placement Date:

Initial Placement Date:

Custody:

DOB:

Current Placement:

Current Placement Date:

Initial Placement Date:

Custody:

B. Has LCCS ever had custody or protective supervision of any children in this family? Yes No

3. Information required to complete Legal Department referral

A. Permanent Custody/Motion for Long Term Foster Care:

B. Legal Custody/Motion for Planned Permanent Living Arrangement:

The child(ren) because of physical, mental or psychological problems or needs, is/are unable to function in a family-like setting and must remain in residential or institutional care.

The child is 16 years of age or older, the parents of the child(ren) have significant physical, mental or psychological problems and are unable to care for the child(ren) because of those problems, adoption is not in the best interest of the child(ren) and the child(ren) retain a significant and positive relationship with a parent or relative.

The child(ren) is/are 16 years of age or older, has/have been counseled on the permanent placement options available to him/her/them is/are unwilling to accept or unable to adapt to a permanent placement.

C. Termination/Transfer of Custody

Name of the person(s) receiving custody _____

Address (including zip code) _____

Relationship to child(ren) _____

- Attach Home Study if custody is being transferred to a non-parent.

Is LCCS requesting Protective Supervision _____

Requested duration of Protective Supervision _____

D. Termination of Protective Supervision

- No further information is required

E. Extend Temporary Custody

Parent(s) has/have made significant progress on case plan.

- Explain progress in Section G, below

Other (provide full staffing report or explain below)

F. Extend jurisdiction

One or both the below must apply

Child is mentally or physically handicapped

Child is still in high school or trade school. Expected graduation date: _____

One of the below must apply

The GAL has been contacted and is in agreement

There is no GAL presently assigned to this case

G. Other referrals

Please give explanations and justification for requested legal action:

4. **All parties are in agreement with this legal action:** Yes No

Parties opposed: _____

Relate any unusual aspects of this case of which you believe the legal department should be aware:

5. **Has this request been approved at a staffing:** Yes No

If no, please provide an explanation as to why the staffing is unnecessary for this action:

Caseworker Signature Date Unit #

Supervisor Signature Date

Information Needed when Recommending Extension of Jurisdiction or Termination of LCCS Custody

Youth's Name:

SACWIS Number:

Form completed by:

Question	Information for CW to Provide (<i>Type N/A if not applicable.</i>)
1. What is LCCS recommending?	<p>Emancipate from custody Stay in custody (extend jurisdiction)</p> <p>Explain:</p> <p>Monthly court review hearings (in addition to above motion request) Monthly court review hearings ONLY (without other motion request)-<i>do not complete #2 and #3 below unless applicable.</i></p>
2. What does youth want as far as custody?	<p>Emancipate from custody Stay in custody (extend jurisdiction)</p> <p>Explain:</p>
3. What is the GAL/CASA recommending?	<p>Emancipate from custody Stay in custody (extend jurisdiction)</p> <p>Explain:</p>
4. Does the youth have a developmental disability or physical impairment? (<i>Describe</i>)	<p>Yes No If YES, explain</p>
5. Youth's education status information:	<p>Already graduated or completed GED</p> <p>Number of high school credits:</p> <p>Anticipated graduation date:</p> <p>Any attendance issues? Yes No If YES , explain</p> <p>Any school behavior or discipline? Yes No If YES , explain</p>
6. Behavioral concerns:	<p>AWOL history last 6 months? Yes No If YES , explain</p> <p>Recent Juvenile Justice involvement? Yes No If YES , explain</p> <p>Weapons, drugs, gang activity on youth social media? Yes No If YES , explain</p>

7. What is youth's involvement/cooperation with Independent Living services?	Youth's stipend balance: \$ IL involvement:
8. Permanent connections-Who are the adults in youth's life who provide support and guidance?	

Information Below is Only REQUIRED if Recommending TERMINATION OF CUSTODY

(A copy of the SACWIS Final Transition Plan could also be attached to provide additional information)

9. What is youth's living plan after emancipation? (if plan is an adult group home, include information about RSS and SSI application process/completion)	
10. What will be youth's source of income after emancipation?	
11. Has youth been given information about Post-Emancipation services and Bridges?	Yes No , explain
12. Is Bridges assigned in SACWIS? <i>(If not, please explain.)</i>	Yes No , explain
13. If applicable, is youth enrolled in college?	Yes No , If yes, note dates that ETV and FASFA were completed
14. If youth receives mental health services, has the transition process to the adult system started?	Yes No , explain
15. If emancipating into the DD system, will young adult need a guardian appointed? Explain status of this guardian process; what has CW completed?	Yes No If YES , explain
16. Any other relevant information? <i>(Medical issues, youth is pregnant, youth is already a parent, etc.)</i>	Yes No If YES , explain