

Legal Department Hearing Reporting Form

JC #	Hearing Date:	Case Name:
<input type="checkbox"/> Hearing Continued to:		LCCS Attorney:
If mediated: <input type="checkbox"/> Settled <input type="checkbox"/> Set for Hearing		Hearing Officer:
<input type="checkbox"/> Shelter Care Hearing		
<input type="checkbox"/> Adjudication <input type="checkbox"/> Witnesses		<input type="checkbox"/> Disposition <input type="checkbox"/> Witnesses <input type="checkbox"/> Non PC <input type="checkbox"/> PC
<input type="checkbox"/> Hearing on a Motion--Motion type:		<input type="checkbox"/> PC Pre Trial <input type="checkbox"/> OPC <input type="checkbox"/> MPC
<input type="checkbox"/> Review Hearing: <input type="checkbox"/> Annual Review <input type="checkbox"/> Reasonable Efforts <input type="checkbox"/> Other		<input type="checkbox"/> Other Type <input type="checkbox"/> Delinquency/Unruly (made-a-party) <input type="checkbox"/> Probate Court <input type="checkbox"/> Other (explain)
<input type="checkbox"/> Oral Arguments (Court of Appeals)		<input type="checkbox"/> Objection Hearing

NAME OF CHILD	CUSTODY ORDERED	PARTY AWARDED CUSTODY
	<input type="checkbox"/> ER Custody to Agency (ITC) <input type="checkbox"/> TC to Agency <input type="checkbox"/> TC Parent <input type="checkbox"/> TC non-rel <input type="checkbox"/> TC Non Rmvl Parent <input type="checkbox"/> TC Rel <input type="checkbox"/> LC Parent <input type="checkbox"/> LC Non Rmvl Parent <input type="checkbox"/> LC Rel <input type="checkbox"/> LC non-rel <input type="checkbox"/> LC to Agency/PPLA <input type="checkbox"/> PC to Agency <input type="checkbox"/> COPS (PSUP) <input type="checkbox"/> Term of COPS (PSUP) <input type="checkbox"/> Other-explain: <input type="checkbox"/> Extension TC, PSUP, Jurisd	Effective Date:
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COMMENTS: