Case Information Sheet

|  |  |
| --- | --- |
| 1. Case number
 |  |
| 1. County
 |  |
| 1. Judicial Officer
 |  |
| 1. Date of Appointment

(actual pick-up date) |  |
| 1. Statutory Reason for Filing – Select **all** that apply
* Abandonment/Mistreatment by Parent or Legal Guardian
* Abandonment/Mistreatment by someone other than Parent or Legal Guardian
* Child has runaway or is beyond control of parents
* Child is homeless, lacks proper care, or is not domiciled with Parent
* Child tested positive at birth for Schedule I or II substance
* Injurious Environment
* Lack of proper Parental care through acts/omissions of Parent
* Parent’s failure to provide care necessary for health or well-being
* Pattern of habitual abuse and parent was prior respondent parent
 |
| 1. Factual Basis for Filing – Select **all** that apply

|  |  |  |
| --- | --- | --- |
| * Dirty Home
* Domestic Violence
* Long-term Confinement
 | * Mental Health
* Neglect
* Physical Abuse
 | * Sexual Abuse
* Substance Abuse
 |

 |
| 1. Special case type – Select **all** that apply

|  |  |  |
| --- | --- | --- |
| * ICWA
* DANSR
 | * EPP
* P-Home
* Family Drug Court
 | * Concurrent D&N case
* Concurrent Criminal case
 |

 |
| 1. Client’s full name

 (First, Middle, Last) |  |
| 1. Client’s date of birth
 |  |
| 1. Party Status

 (Father, Mother, Guardian) |  |
| 1. Race/Ethnicity – *Choose one*

|  |  |  |
| --- | --- | --- |
| * Asian
* Black or African American
* Hispanic or Latino
 | * Indian or Alaska Native
* Native Hawaiian or other Pacific Islander
 | * Other
* White
 |

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| 1. Number of Children
 |  |
| 1. Child’s full name
 | Original Placement – *Circle one*Home, Foster Care, Group Home, Relative/Kinship | Original Custody – *Circle one*Parent, Department, Relative/Kinship |
| 1. Child’s full name
 | Original Placement – *Circle one*Home, Foster Care, Group Home, Relative/Kinship | Original Custody – *Circle one*Parent, Department, Relative/Kinship |
| 1. Child’s full name
 | Original Placement – *Circle one*Home, Foster Care, Group Home, Relative/Kinship | Original Custody – *Circle one*Parent, Department, Relative/Kinship |
| 1. Child’s full name
 | Original Placement – *Circle one*Home, Foster Care, Group Home, Relative/Kinship | Original Custody – *Circle one*Parent, Department, Relative/Kinship |

 *Use additional pages if needed.*

# EPP Information Sheet

Please fill out this questionnaire for all EPP cases.

1. How many children are named in the petition?
	* Two or Fewer
	* Three or More
2. How old is the youngest child?
	* Less than 1 year old
	* 1 year old to less than 6 years old
3. Do you plan to recommend this case be heard in a specialty treatment court (such as FIT or DANSR)?
	* Yes
	* No
4. Does the youngest child have pre-natal exposure to substances?

Substances: Alcohol, Cannabis (e.g. marijuana), Hallucinogens (e.g. LSD, peyote), Inhalants, Opioid (e.g., heroin), Sedatives, hypnotics, or anxiolytics (e.g. Valium, Xanax), Stimulants (cocaine, methamphetamine)

* + Yes
	+ No
1. Do any of your client’s children have any known intellectual or developmental disabilities?
	* Yes
	* No
2. Is your client homeless?

Homeless: The U.S. Department of Housing and Urban Development (HUD) defines homelessness as:

• individuals and families who lack a fixed, regular, and adequate nighttime residence (includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided);

• individuals and families who will imminently lose their primary nighttime residence;

• unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; and

• individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

* + Yes
	+ No
1. Is there a history of, or recent, domestic violence with your client?

Domestic Violence: Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

* + Yes
	+ No
1. Is there a history of, or recent, substance use/abuse with your client?
	* Yes
	* No
2. Is there a history of, or recent, mental health diagnosis with your client?
	* Yes
	* No
3. Does your client self-report mental health concerns or issues?
	* Yes
	* No
4. Does your client’s mental illness impact your ability to communicate with him or her?
	* Yes
	* No
5. Is your client incarcerated?
	* Yes      If yes, choose one: County Jail or DOC.

 If serving a sentence, please provide the MRD date: \_\_\_\_\_\_\_\_\_\_\_

 and Parole Eligibility date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + No
1. Does your client have any previous terminations of parental rights?
	* Yes
	* No