



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

CHINS/ARY Report to Juvenile Court

Please check one CHINS ARY

HEARING DATE (IF KNOWN)

| | | | |
|---|---|---|------------------|
| DCFS CASE NUMBER | CUSTODIAL PARENT <input type="checkbox"/> Mother <input type="checkbox"/> Father | INTERPRETER SERVICES REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No | SPECIFY LANGUAGE |
| CHILD'S NAME | DATE OF BIRTH | SEX | |
| CHILD'S CURRENT ADDRESS | CITY | STATE | ZIP CODE |
| FATHER'S NAME | | | |
| FATHER'S ADDRESS | CITY | STATE | ZIP CODE |
| MOTHER'S NAME | | | |
| MOTHER'S ADDRESS | CITY | STATE | ZIP CODE |
| GUARDIAN'S NAME | | | |
| GUARDIAN'S ADDRESS | CITY | STATE | ZIP CODE |
| PETITIONER'S NAME | CHILD'S ATTORNEY | | |
| Does the Child have any pending Juvenile court matters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of action: <input type="checkbox"/> Services to achieve family reconciliation have been provided. <input type="checkbox"/> Services to achieve family reconciliation have not been provided. Department recommendations: <input type="checkbox"/> Agree <input type="checkbox"/> Disagree with filing a petition Comments: | | | |

| | | | |
|--------------------------------------|-------------------------|--|----------------|
| DATE OF FAMILY ASSESSMENT: | | | |
| DATE OF FAMILY ASSESSMENT INTERVIEWS | | DATE WRITTEN ASSESSMENT IS/WILL BE COMPLETED | |
| DCFS SOCIAL WORKER | | TELEPHONE NUMBER | |
| DCFS OFFICE ADDRESS | | CITY | STATE ZIP CODE |
| FOR COURT USE | | | |
| DATE OF FACT FINDING | DATES OF REVIEW HEARING | | |