Rev 8/2025

# DATE DSS 161 DUE TO THE OFFICE OF LEGAL SERVICES:

PRE-PERMANENCY CONFERENCE CERTIFICATE

# (ATTORNEY-CLIENT PRIVILEGED COMMUNICATION)

|  |  |  |  |
| --- | --- | --- | --- |
| Social Worker: |  | Supervisor: | Twist: |
| Mother’s Name:  Mother’s Address: | Current | D.O.B.  Last known address | Social Security #: |

Court County:

Guardian Ad Litem:

Natural Mother’s Attorney: Natural Father’s Attorney:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | D.O.B | OOHC Date | Father’s Name | Father’s Address | Current/LKA | Father’s D.O.B |
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|  |  |  |  |  |  |  |

How has paternity been established?

Foster Parent Name and Address: Is this an adoptive home?

Brief summary of history/reason for removal:

Case plan tasks and progress for each parent:

Does the parent have a disability?

Describe the disability, any assessments completed, and any adaptive or supportive services provided. Provide a copy of the signed Rejection of Offered Services by Parent with Disability form (if applicable).

Status of visitation:

Relative involvement and/or explored:

Relevant court events: Prior Involuntary TPR?

Date of Waiver of Reasonable Efforts

Miscellaneous:

Putative Father Search completed? ICWA issues to be addressed?

The goal may be changed to adoption, and the TPR grounds are:

NM  NF  ALL Abandonment for over ninety (90) calendar days.

NM  NF  ALL Serious physical injury.

NM  NF  ALL Continuous or repeated physical injury/emotional harm.

NM  NF  ALL Felony conviction involving serious physical injury to any child.

NM  NF  ALL Lack of essential care and protection to child for over six (6) months.

NM  NF  ALL Sexual abuse or exploitation.

NM  NF  ALL Failure to provide essential needs for reasons other than poverty alone.

NM  NF  ALL Prior involuntary TPR(s).

NM  NF  ALL Criminal conviction for death of another child.

YES  NO Child in OOHC for fifteen (15) cumulative months out of forty-eight (48).

Child(ren)’s Name(s):

YES  NO NAS (no treatment within ninety (90) days of birth).

YES  NO Child removed more than two (2) times in twenty-four (24) months.

Child(ren)’s Name(s):

The goal may NOT be changed to adoption at this time. See reverse for additional tasks/dates.

Date Attorney

Action Plan

(Include specific task, individuals assigned, timeframes, and other required follow-up.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Required Action** | **Responsible Party** | **Due Date** | **Status** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

SSW Signature:

FSOS Signature:

Specialist Signature:

Attorney Signature:

Next Review: