

**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR COMMUNITY-BASED SERVICES  
DIVISION OF PROTECTION AND PERMANENCY**

**PERMANENCY HEARING NOTIFICATION**

**Child's Name:**

**Date of Birth:**

**Court Case Number:**

**Date Child Entered Custody:**

**Current Placement:**

Pursuant to KRS 610.125 (3) the cabinet is notifying the court that a permanency hearing is due for the above-named child and is providing the names and addresses of the parties to the case. Pursuant to KRS 610.125 (3) the court is required to schedule a hearing within (60) sixty days of this notice and notify the following parties:\*

**Child's Mother**

Name(s)

Address

**Child's Father**

Name(s)

Address

**Child's Foster/Pre-adoptive Parents or PCC Provider**

Name

Address

**Relative Caregiver (if applicable)**

Name

Address

**Foster Care Review Board Member Assigned to the Case**

Name(s)

Address

**Court-Appointed Special Advocate (if applicable)**

Name(s)

Address

**Guardian ad litem**

Name(s)

Address

**Parent's Attorney**

Name(s)

Address

Pursuant to KRS 610.100 (1), a written report detailing the case progress and a recommendation regarding the child's permanency goal will be filed at least (3) three days prior to the hearing.

**\*Upon notification from the court of a hearing date, the Social Service Worker also provides notification, when applicable, to the above parties. (Please check applicable parties notified above and the date of notification.)**

**Social Service Worker**

**Date:**