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

## PRE-PERMANENCY CONFERENCE CERTIFICATE (ATTORNEY-CLIENT PRIVILEGED COMMUNICATION)

Cl-21-12	Cl.:1.12 - O	4 E-412	T-411	C4	T-412-
Natural father's attor	ney:				
Natural mother's atto	rney:				
Guardian ad litem:					
Court county:					
Mother's address:	Current	Last known address			
Mother's name:		Date of birth:	Social S	ecurity #:	
Social worker:		Supervisor:	Next con	urt date:	

Child's name	Child's	Out-	Father's name	Father's address	Current	Father's
	date of	of-			or last	date of
	birth	home			known	birth
		care			address	
		date				

How has paternity been established?
Foster parent(s) name:
Foster parent address:
Is this an adoptive home? Yes No
Brief summary of history or reason for removal:
Case plan tasks and progress for each parent:
Status of visitation:
Relatives involved and/or explored:
Total 10 III of 100 and of ouplotte
Relevant court events:  Prior voluntary termination of parental rights?
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 90 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 6 months.
NM	NF	All	Sexual abuse/exploitation.
NM	NF	All	Fail 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 15 cumulative months out of 48.
			Child's name:
Yes	No		NAS (no treatment within 90 days of birth).
Yes/	No		Child removed more than 2 times in 24 months.
			Child's name:

The goal may NOT be changed to adoption at this time. See next page 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
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Social service worker signature:	Date:
FSOS signature:	Date:
Specialist signature (if applicable:	Date
Attorney signature:	Date:
Next review:	