



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:

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.)

	<b>Required Action</b>	<b>Responsible Party</b>	<b>Due Date</b>	<b>Status</b>
1	\			
2				
3				
4				
5				

Social service worker signature:

Date:

FSOS signature:

Date:

Specialist signature (if applicable):

Date:

Attorney signature:

Date:

Next review: