

**STATEMENT TO THE COURT OF PERMANENCY HEARING REPORT  
AND NOTICE SENT**

**Confidential: For Court Use Only**

**PERMANENCY HEARING DATE CERTAIN:    /    /**

Judge / Referee	Court	Part

Agency	Case Manager Name	Caseworker Name	Attorney for ACS/DSS

**IN THE MATTER OF:**

Child's Name	Date of Birth	Sex	Person ID (PID)	Docket Number
	/    /			
	/    /			

**THE PERMANENCY HEARING REPORT AND NOTICE WAS MAILED TO:**

**A. PARENTS**

Parent's Name & Address	Relationship	Associated Child(ren)	Date Mailed
			/    /
			/    /

**B. ATTORNEYS**

Attorney's Name & Address	Associated Parent	Date Mailed
		/    /
		/    /

**C. CHILD'S LAW GUARDIANS**

Law Guardian's Name	Law Guardian Agency Name & Address	Associated Child(ren)	Date Mailed
			/    /
			/    /

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**D. AUTHORIZED AGENCY**

Authorized Agency Name & Address	Current Associated Child(ren)	Date Mailed
		/ /
		/ /

**E. FOSTER PARENTS**

Foster Parent's Name & Address	Current Associated Child(ren)	Date Mailed
		/ /
		/ /

**F. PRE-ADOPTIVE PARENTS / RELATIVES/ OTHERS**

Pre-Adoptive Parent's Name & Address	Relative's / Other's Name & Address	Current Associated Child(ren)	Date Mailed
			/ /
			/ /

**THE NOTICE WAS MAILED TO:**

**G. FORMER FOSTER PARENTS**

Former Foster Parent's Name & Address	Dates of Placement	Associated Child(ren)	Date Mailed
	from / / to / /		/ /
	from / / to / /		/ /

Name: \_\_\_\_\_  
(print)

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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