DEPARTMENT OF CHILDREN AND FAMILIES

 CHILDREN’S LEGAL SERVICES

**STAFFING REQUEST FORM**

**TO BE FILLED OUT BY PROTECTIVE INVESTIGATOR/CASE MANAGER**

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| DATE OF STAFFING:       | PI/CM:       |
| SUPERVISOR:       | ATTORNEY:       |

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| --- | --- |
| CHILD’S NAME:       | DOB:       |
| ADDRESS:       |
| FATHER (BIOLOGICAL OR ADOPTIVE):       |
| FATHER’S ADDRESS:       |

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| --- | --- |
| CHILD’S NAME:       | DOB:       |
| ADDRESS:       |
| FATHER (BIOLOGICAL OR ADOPTIVE):       |
| FATHER’S ADDRESS:       |

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| --- | --- |
| CHILD’S NAME:       | DOB:       |
| ADDRESS:       |
| FATHER (BIOLOGICAL OR ADOPTIVE):       |
| FATHER’S ADDRESS:       |

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| --- | --- |
| CHILD’S NAME:       | DOB:       |
| ADDRESS:       |
| FATHER (BIOLOGICAL OR ADOPTIVE):       |
| FATHER’S ADDRESS:       |

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| MOTHER (BIOLOGICAL OR ADOPTIVE):       |
| ADDRESS:       |

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| DILIGENT SEARCH(If address of parent(s) are unknown, a diligent search must be immediately commenced at the direction of the attorney) |
|  | YES | NO | NAME |
| Diligent Search for the mother | [ ]  | [ ]  |       |
| Diligent Search for the father | [ ]  | [ ]  |       |
| Diligent Search for the father: | [ ]  | [ ]  |       |

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| REASON FOR STAFFING : [ ]  SHELTER PETITION  | [ ]  DEPENDENCY PETITION | [ ]  CH. 39 INJUNCTION | [ ]  LEGAL OPTIONS INQUIRY |
| HAS THIS CASE BEEN STAFFED WITH CLS PREVIOUSLY?If so, please attach prior staffing forms |  YES [ ]  NO [ ]  |
| TYPE OF CASE | Existing Judicial [ ]  Add On Sibling [ ]  New Case [ ]   |
| If existing case, court #       | If prior court case, court #       | Prior Non-Judicial In Home Services case(s): YES [ ]  NO [ ]  |
| **CURRENT RISK LEVEL TO CHILD(REN):** |       |
| REASONABLE EFFORTS TO ALLEVIATE RISKS: |       |
| ARE PARENTS WILLING TO ACCEPT SERVICES? |  YES [ ]  NO [ ]  |
| SERVICES INVOLVED, IF ANY: |       |
| OTHER SERVICES AVAILABLE, IF ANY: |       |
| PERSONS RESIDING IN THE HOME: |       |
| IS A COPY OF THE REPORT ATTACHED? |  YES [ ]  NO [ ]   |
| IF A COPY OF THE REPORT IS NOT ATTACHED, STATE THE ALLEGATIONS OF THE REPORT AND REPORT NUMBER: |       |

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| **INVESTIGATIVE FINDINGS/PROTECTIVE SERVICES OBSERVATIONS/CONTACT:**  |

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| **RECOMMENDATIONS REGARDING VISITS:**  |

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| ABUSE HISTORY |
| How many prior abuse reports: |        |  |
| (List five most recent reports with parents, custodians or other persons responsible for the child’s welfare as perpetrators) |
| Date:  | Type of Abuse: | Findings: (Classification - V = Verified, S = Some Indicators, N = No Indicators) |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **CRIMINAL HISTORY:**  |

SIGNATURES:

PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_