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: | |

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

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

|  |  |
| --- | --- |
| 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) | |
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| **CRIMINAL HISTORY:** | | | | |

SIGNATURES:

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

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

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