

**Together We Can
Mastering the Courtroom:
Effective Testimony Techniques**

2024

Simulation Exercise
for

Disposition

CASE SCENARIO

Cast of Characters	
Anthony Michaels	Age 10
Ashley Michaels	Age 6
Aden Michaels	Age 11 months
Cynthia Michaels	Mother
Christopher Michaels	Father
Pauline Blue	Paternal Aunt
Officer Frank Williams	Responding Officer
Rena Jones	Agency Child Protective Services (CPS) Investigator
Stephanie Shaw	Agency foster care caseworker
Becky Ross	Agency caseworker assigned to supervise visits
Annie Santosky, LCSW	Family therapist

* **Note:** For purposes of this training, we will use the term “State’s Attorney” for both the Bureau of General Counsel and Assistant District Attorney.

Adjudication and Disposition

The court held an Adjudication Hearing on the Petition on October 15, 2020. After the hearing, the court adjudicated all three children in need of care. At the Disposition Hearing thereafter, the children were placed in the custody of the agency for placement with a relative. The court approved the agency’s recommended case plan goal of reunification. The Judgment of Disposition directed that the parents are to cooperate with the agency and service providers. Ms. Michaels will submit to psychological and psychosocial evaluations and follow any treatment recommendations. She will complete assessments for parenting/supervision needs and substance use and follow all recommendations. Mr. Michaels will submit to a psychological evaluation and follow any treatment recommendations. He will complete assessments for parenting/supervision needs and substance use and follow all recommendations. The Judgment of Disposition required visitation to be supervised a minimum of one hour weekly, but “encouraged more frequent visitation at the discretion of the agency.” After the hearing, the children were placed in the home of Ms. Blue.

Mr. Michaels was released from incarceration on October 27, 2020, and placed on probation for a year. He stated to Ms. Shaw that he wanted to work toward getting himself together but stated that he knew that his sister Pauline Blue was what the children needed for now.

DISPOSITION HEARING
Direct and Cross Examination of Foster Care Caseworker
Stephanie Shaw

Assume for this exercise that Rena Jones and Officer Williams testified at the Adjudication Hearing, and the court **adjudicated** the children in need of care due to neglect. The agency has approved Ms. Blue as a placement resource despite opposition from Ms. Michaels.

State’s attorney conducts direct examination: Have the agency caseworker testify about the need for placement outside of the home and why placement with their aunt is best for the children. Have the agency caseworker describe the plan for visitation, what services will be offered to address the family’s needs, and the reasons for the recommended services.

Mother’s attorney conducts cross examination: As part of your cross examination, argue that the appropriate dispositional alternative is to leave the children in the parents’ custody, but if the children need to be placed out of the home, they should not be placed with the aunt. On cross, ask about the agency’s need to support the mother’s stated preference for the children not to be placed with the aunt, as the agency goal is reunification. Also, elicit testimony that shows that the recommended services are not appropriate and are not justified by the facts of the case and that the visitation plan is not sufficient.

Children’s attorney conducts cross examination: Take the position that the children should be placed outside of the home with the aunt. Pay attention to the testimony elicited of the case worker. Make sure that the court has all information needed to approve the case plan goal of reunification. Make sure that the case plan has been clearly presented and request for the court to approve such. Be on your toes to ask any questions that were not covered or need cleared up.

For this exercise please review:

- Case Scenario
- Court Report Excerpt
- Disposition Hearing Worksheet

Attorney Role Tips:

- **For direct:**
 - Meet with and prepare your witness in advance to be clear about placement, visitation plan, and service recommendations and the rationale for these recommendations. Ask Ms. Shaw to review her notes ahead of time. Make sure she will be comfortable with the process of refreshing recollection if necessary, during her testimony.
 - Elicit testimony that supports the agency caseworker’s recommendations. Ask questions that justify the basis for each recommendation and be sure the witness testifies to all the facts needed to argue your position.
 - Explain to the witnesses in advance that if they forget something while on the stand, they may read their notes to refresh their recollection once you have established the elements. Let them know your choice of cue words, such as, “Do you recall, or remember, anything else?” which will signify that you are about to ask them to review their notes. (Mauet, p. 186-188).
- **For cross:**
 - Listen for any inconsistencies or underdeveloped areas in the witness’s testimony during direct. If you know that the witness has not considered a relevant fact or has made inconsistent

representations, these are good areas for cross. Be careful: pushing a witness on their position can just give that witness another opportunity to dig in and reinforce their prior testimony.

- Do not rely on your opponent's witness to make your case for you. Consider which aspects of your theory can be expressed through argument or closing statements rather than through cross examination of the opponent's witness.

Excerpt of Agency Court Report

Department of Children and Family Services

Your Honor:

This letter is to provide the court with information for the upcoming hearing. The following language assistance and/or accommodations are needed for the following individuals: N/A.

Date: 10/05/2020	Judge: Jane M. Smith	JDC: ABC	Docket: J20-1026-01;02;03
Court Address: 123 ABC Street ABC, Louisiana, 70726		Hearing Type: <input checked="" type="checkbox"/> Disposition Hearing Date: 10/15/2020 <input type="checkbox"/> Case Review Hearing Initial? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ <input type="checkbox"/> Permanency Hearing Initial? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Were the foster caregivers provided notice of the hearing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, explain:			

I. PARENT(S) *(Duplicate table as needed for additional parent(s))*

Name: Cynthia Michaels	Parent of: Anthony, Ashley, and Aden Michaels
Relationship: <input checked="" type="checkbox"/> Biological <input type="checkbox"/> Legal <input type="checkbox"/> Alleged <input type="checkbox"/> Deceased <input type="checkbox"/> Absent	
Address: 1533 Watson Street	Phone Number:
Name: Christopher Michaels	Parent of: Anthony, Ashley, and Aden Michaels
Relationship: <input checked="" type="checkbox"/> Biological <input type="checkbox"/> Legal <input type="checkbox"/> Alleged <input type="checkbox"/> Deceased <input type="checkbox"/> Absent	
Address: State Correctional Facility	
Phone Number: 000-000-0000	

II. CHILD(REN) *(Duplicate rows for additional children)*

Name <i>(First Last)</i>	DOB	Age	US Citizen	Custody Status	Entered FC/ DCFS Involvement	ICWA – member of a federally recognized Indian Tribe. If yes, list Tribe.
Anthony Michaels	06/10/2010	10	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Individual <input checked="" type="checkbox"/> DCFS Custody <input type="checkbox"/> Other (describe):	09/16/2020	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not yet determined <input type="checkbox"/> Yes Tribe:

Ashley Michaels	02/01/ 2014	6	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Individual <input checked="" type="checkbox"/> DCFS Custody <input type="checkbox"/> Other (describe):	09/16/2020	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not yet determined <input type="checkbox"/> Yes Tribe:
Aden Michaels	10/20/ 2019	11 mo.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Parent <input type="checkbox"/> Relative/Individual <input checked="" type="checkbox"/> DCFS Custody <input type="checkbox"/> Other (describe):	09/16/2020	<input checked="" type="checkbox"/> No <input type="checkbox"/> Not yet determined <input type="checkbox"/> Yes Tribe:

Is there additional information that the agency has learned about any of the parents' or child(ren)'s Indian tribe membership/eligibility to determine ICWA eligibility? No Yes If yes, describe below what additional information has been learned and the steps taken to determine eligibility?

III. PRELIMINARY INFORMATION

Date Adjudicated: Scheduled for 10/15/2020	If known, grounds from Adjudication Order Article 606(A): <i>(please check all applicable)</i> <input type="checkbox"/> (1) Abuse <input type="checkbox"/> (4) Criminal Prosecution <input type="checkbox"/> (7) Commercial Trafficking <input checked="" type="checkbox"/> (2) Neglect <input type="checkbox"/> (5) Crime Against Child <input type="checkbox"/> (8) Genital Mutilation <input checked="" type="checkbox"/> (3) Absence of Parent <input type="checkbox"/> (6) Trafficking <input type="checkbox"/> (9) FINS
Briefly summarize the reasons child(ren) entered care or initially became involved with DCFS: Two of the children were playing in the park by themselves at 1:45 a.m. Ms. Michaels was disoriented, could hardly stand, and had bloodshot eyes, and was transported to the hospital for an assessment. There were open prescription pill bottles and pills within easy reach of all three children. The house had a soiled mattress and trash strewn all over, and the children were filthy. Mr. Michaels is presently incarcerated and therefore unavailable to care for the children.	

IV. IDENTIFICATION AND EFFORTS TO LOCATE ALLEGED AND/OR ABSENT PARENTS

Describe efforts made to identify and/or locate an alleged and/or absent parent: <i>(duplicate rows if needed)</i>		
Parent Name: N/A	Parent of: N/A	Efforts: N/A

V. ESTABLISHMENT OF MATERNITY/PATERNITY *(Do not complete this section if maternity/paternity is established or parents' rights have been terminated)*

VI. SAFETY AND RISK ASSESSMENTS

Describe the threats of danger to each child and vulnerability to the threats identified in the INITIAL Safety Assessment: Threats of danger include parents who are unavailable to parent the children, open prescription pill bottles within reach of the children, and Ms. Michaels' mental state. One of the children is 11 months old and another is 6 years old.
Describe CURRENT threats of danger, if any, as it relates to all parents and each child's vulnerability to the identified threats:

Threats of danger include Ms. Michaels inability to maintain sobriety and she has not yet addressed her mental health needs. Mr. Michaels is currently incarcerated.

List the caretaker protective capacities that need to be enhanced by each parent, if any, to keep the child(ren) safe:
 Mr. and Ms. Michaels need to demonstrate ability and willingness to meet the children's basic needs and to keep the children safe. Ms. And Mr. Michaels need to demonstrate that they are able to provide the necessary supervision, protection, and care of their children. Develop plan to store medications.

If the goal remains reunification, what is the current Structured Decision Making (SDM) risk level/recommendation for each household? *(Duplicate table as needed for additional households)*

Parent Household:	SDM Risk Level:	Date of SDM:	SDM Recommendation:
Cynthia Michaels	<input type="checkbox"/> Low <input type="checkbox"/> Mod <input checked="" type="checkbox"/> High <input type="checkbox"/> High	<u>10/1/2020</u>	<input type="checkbox"/> Reunify <input checked="" type="checkbox"/> Maintain in care <input type="checkbox"/> Change Permanency Plan <input type="checkbox"/> Override <i>(Explain)</i> :

VII. CURRENT STATUS OF THE PARENTS AND CASE PLAN PROGRESS

If the permanency goal is Reunification, describe the Conditions for Return to Parents' Care/Custody *(i.e., Why can't child go home today?)*:
 Mr. Michaels needs to complete psychological evaluation and follow any recommendations; participate in parenting classes; and submit to a substance use assessment and follow any recommendations.
 Ms. Michaels needs to complete psychological and psychosocial evaluations and follow any recommendations; participate in parenting classes; submit to a substance use assessment and follow any recommendations; and submit a plan addressing the proper storage of medication to keep it safely away from the children.

Conditions for Closure *(DCFS and Court no longer involved)*:
 Mr. and Ms. Michaels need to demonstrate that they are able to provide the care, safety, and stability to meet the children's needs that includes a plan to keep medicine out of the reach of the children as well as a plan to provide proper supervision of the children at all times.

Describe the current situation/status of each parent *(Examples: Housing, Substance Use Concerns, etc.)*: Mr. Michaels is in jail. This worker and Mr. Michaels have met and gone over the case plan. He signed it. Mr. Michaels expects to be released within the next 30-60 days and will return to live with Ms. Michaels. He does not want the children brought to the jail to visit with him.
 Ms. Michaels was discharged from the hospital by the time of the Continued Custody Hearing. She is living at home and has stable housing. She had tested positive for opiates at the hospital, and substance use is still a concern at this time.

Describe the case plan goals/action steps, including progress, or lack thereof, by all *(include referrals made, services provided, behavior change progress, and barriers to achieving permanency goals)*:
 Mr. Michaels has not yet started working on his case plan due to incarceration. Referrals will be made on his release.
 Ms. Michaels has signed the release of information paperwork. This worker has made a referral for the substance use assessment.

Are there any children in the custody of the parent(s), placed with their parent(s), or in the custody of a relative or suitable individual as ordered by the court? Yes No
 If yes, please describe who the child is residing with, the date of placement, and the child and caregivers' adjustment to placement:

VIII. VISITATION (For more information, please see attached Case Plan "Visitation" Section)

Have there been any changes to the visitation plan since the last court hearing? Yes No If yes, please explain:

How are visits going with each parent and/or significant others including phone calls, zoom, etc.? (Please provide specific observations and describe how many scheduled visits were required, missed, and attended with each parent)
 No visits have occurred at this time.

Is there a plan to increase the number, frequency, and duration of visits? Yes No Please describe: If Ms. Michaels is able to remain drug-free, the agency will staff the case to see if more, longer, and/or unsupervised visits are safe and, in the children's best interest.

Is there a plan to begin either unsupervised visits and/or visits in a more family-like setting?
 Yes No Please describe: Not yet. Please see above for plan to increase.

IX. MAINTAINING SIBLING RELATIONSHIPS

Are all children in this case placed together? Yes Not placed together N/A (no siblings in care)

If they are not placed together, please check the applicable box and explain.	<input checked="" type="checkbox"/> Efforts to place siblings together (please explain): The agency could not find a placement for all three children at the time of initial placement. Ashley and Anthony are placed together, however. A relative has now been assessed for placement and will be able to take all three children. <input type="checkbox"/> Contrary to safety or well-being for the children to be placed together (please explain):
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If siblings are not placed together, the plan for sibling visitation and/or the efforts being made to address safety or well-being issues preventing sibling visits include (includes non-custody siblings):
 No visits have occurred at this time.

X. CURRENT STATUS OF CHILD(REN) (Duplicate this section for each child)

Child's Name: Anthony Michaels			
FC Placement History (Beginning with the first FC placement, enter child's placement history)			
Placement Name	Type of Placement	Dates of placement	Reason for Move
Foster Parent	Certified Foster Home	<u>09/16/2020 – Present</u>	
Describe any additional information pertinent to child's current placement including adjustment: N/A.			

For more information about the child(ren), please see attached Case Plan: Federal Compliance Section "Educational Stability," Child Functioning, Cumulative Medical Record, and Cumulative School/Educational Record.

Did the foster caregiver provide a Foster Caregiver Progress Form for this hearing? Yes No
 N/A If yes, attach.

Describe the current medical and dental information and significant findings: Anthony was taken for his initial health screening and was found to have a severe case of lice. The foster mother treated his scalp with the medication prescribed.
Is the child developmentally on target? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe:
When was the most recent Trauma and Behavioral Health Assessment (TBH) completed? 09/20/2020 Are referrals indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe referrals needed and status of referrals: Requested trauma focused counseling for child.
Describe any behavioral or mental health needs/concerns and how being addressed: No additional concerns at this time. Already in individual counseling (see above) and family sessions.
Are there religious/cultural traditions that are important to the child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Are there any known needs about the child's sexual orientation and/or gender identity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Has the child changed schools since the last hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Name of School/Grade: Morningside Elementary School, Grade 5
Describe the current educational status (<i>strengths, needs, services received, and special/gifted educational status, if applicable</i>): Anthony is doing fine in school. Teacher indicates he is on track with peers, but they continue to monitor for problems.
Is the child participating in extracurricular activities or have plans to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: Wants to play for the neighborhood soccer team.

Relatives/Other Suitable Individuals (Attach the Family Connections Form):

Describe significant relationships with grandparents and other relatives, siblings (*those in care and those not in care*), and other individuals:

Complete the following if a relative or fictive kin, listed on the Family Connections Form, is interested in being a placement or permanency resource, or if the child is placed in the home pending certification:

Name of Caregiver	Agency Clearance completed ?	Criminal Records checks completed?	Preliminary Home Study completed?	Family referred to Home Development?	If the family resides out of state, describe ICPC status
Pauline Blue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
Describe current status with this caregiver and any extenuating circumstances (including Home Development certification status): Ms. Blue is the paternal aunt. She wants all three children placed in her home. If the children are placed there, this worker will then make a referral to Home Development.					
Child's Name: Ashley Michaels					
FC Placement History (<i>Beginning with the first FC placement, enter child's placement history</i>)					
Placement Name	Type of Placement	Dates of placement	Reason for Move		

Foster Parent	Certified Foster Home	09/16/2020 to Present	
Describe any additional information pertinent to the child's current placement including adjustment: N/A.			

For more information about the child(ren), please see attached Case Plan: Federal Compliance Section "Educational Stability," Child Functioning, Cumulative Medical Record, and Cumulative School/Educational Record.

Did the foster caregiver provide a Foster Caregiver Progress Form for this hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, attach.
Describe the current medical and dental information and significant findings: Ashley was taken for her initial health screening and was found to have a severe case of lice. The foster mother treated her scalp with the medication prescribed.
Is the child developmentally on target? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe:
When was the most recent Trauma and Behavioral Health Assessment (TBH) completed? 09/20/2020 Are referrals indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe referrals needed and status of referrals: Requested trauma focused counseling for this young child.
Describe any behavioral or mental health needs/concerns and how being addressed: Ashley is starting to isolate at school and has become more attached to adult figures. She has also started showing increased concern about baby brother and wanting to take care of him by herself. Counselor has been contacted by agency and school. Will institute play therapy and work on independence and feeling safe. Foster mom will be clear about her responsibility as a parent and make sure there are several play alternatives available for Ashley.
Are there religious/cultural traditions that are important to the child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Are there any known needs about the child's sexual orientation and/or gender identity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Has the child changed schools since the last hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Name of School/Grade: Morningside Elementary School, Grade 1
Describe the current educational status (<i>strengths, needs, services received, and special/gifted educational status, if applicable</i>): Teacher has reported that Ashley is starting to exhibit some concerning behaviors at school. She has trouble separating from her aunt every day when brought to school and is spending less time with other children. Has become clingy with her teacher.
Is the child participating in extracurricular activities or have plans to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: It was reported that when still with her parents, she expressed a desire to participate in the upcoming children's art fair. Now refusing to join in preparatory activities.

Relatives/Other Suitable Individuals (Attach the Family Connections Form):

Describe significant relationships with grandparents and other relatives, siblings (*those in care and those not in care*), and other individuals:

Complete the following if a relative or fictive kin, listed on the Family Connections Form, is interested in being a placement or permanency resource, or if the child is placed in the home pending certification:

Name of Caregiver	Agency Clearance completed ?	Criminal Records checks completed?	Preliminary Home Study completed?	Family referred to Home Development?	If the family resides out of state, describe ICPC status
Pauline Blue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A

Describe current status with this caregiver and any extenuating circumstances (including Home Development certification status): Ms. Blue is the paternal aunt. She wants all three children placed in her home. If the children are placed there, this worker will then make a referral to Home Development.

Child's Name: Aden Michaels			
FC Placement History (<i>Beginning with the first FC placement, enter child's placement history</i>)			
Placement Name	Type of Placement	Dates of placement	Reason for Move
Foster Parent	Certified Foster Home	09/16/2020 to Present	
Describe any additional information pertinent to child's current placement including adjustment: N/A			

For more information about the child(ren), please see attached Case Plan: Federal Compliance Section "Educational Stability," Child Functioning, Cumulative Medical Record, and Cumulative School/Educational Record.

Did the foster caregiver provide a Foster Caregiver Progress Form for this hearing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, attach.
Describe the current medical and dental information and significant findings: At his initial health screening, Aden was found to be underweight with a severe diaper rash that appeared to have been present for a while. The foster mother was not given anything to treat Aden's diaper rash. Aden has begun to gain weight with the introduction of scheduled mealtimes and nutrient dense foods. Diaper rash is improving.
Is the child developmentally on target? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe:
When was the most recent Trauma and Behavioral Health Assessment (TBH) completed? 09/20/2020 Are referrals indicated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe referrals needed and status of referrals: Eating issues are indicative of food not being available on a regular basis. Doesn't cry when hungry or wet.
Describe any behavioral or mental health needs/concerns and how being addressed: The agency is making certain that the child will maintain a connection with his parents with frequent virtual visits throughout the day in addition to regular, in-person visits. Foster parent is keeping in touch with the family counselor regarding potential attachment issues.
Are there religious/cultural traditions that are important to the child? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Are there any known needs about the child's sexual orientation and/or gender identity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain:
Has the child changed schools since the last hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: N/A
Name of School/Grade:

Describe the current educational status (*strengths, needs, services received, and special/gifted educational status, if applicable*): Referral to Early Steps program made to make certain the child is not experiencing any long-lasting delays due to weight issues. PT has been scheduled.

Is the child participating in extracurricular activities or have plans to? Yes No If yes, please explain:

Relatives/Other Suitable Individuals (Attach the Family Connections Form):

Describe significant relationships with grandparents and other relatives, siblings (*those in care and those not in care*), and other individuals:

Complete the following if a relative or fictive kin, listed on the Family Connections Form, is interested in being a placement or permanency resource, or if the child is placed in the home pending certification:

Name of Caregiver	Agency Clearance completed?	Criminal Records checks completed?	Preliminary Home Study completed?	Family referred to Home Development?	If the family resides out of state, describe ICPC status
Pauline Blue	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
Describe current status with this caregiver and any extenuating circumstances (including Home Development certification status): Ms. Blue is the paternal aunt. She wants all three children placed in her home. If the children are placed there, this worker will then make a referral to Home Development.					

XI. DCFS CUSTODY/DISPOSITION RECOMMENDATIONS

DCFS recommends the following as it relates to legal custody:

- Custody of Anthony, Ashley, and Aden with the State of Louisiana through DCFS, with the following terms/conditions: placement with Pauline Blue, paternal aunt.

XIV. OVERALL RECOMMENDATIONS: (*Provide an overall summary of the case and reasons for the below recommendations*)

Recommendations for Dispositional Hearing

- Approve the case plan, dated 09/22/2020, as presented by DCFS, if applicable.
- Find DCFS has made reasonable efforts to prevent or eliminate the need for removal of the following child(ren): Anthony, Ashley, and Aden.
- Find that the following child(ren)'s placement is approved as the most appropriate, least restrictive setting: Pauline Blue, paternal aunt.

Order that the following services are needed for the child(ren) and/or parents: _____.

Schedule a Case Review Hearing to be set for 04/16/2021

Sincerely,

Case Worker Name: Stephanie Shaw	Case Supervisor Name: Holly Cane
Phone:	Phone:
Email:	Email:
DCFS Office:	DCFS Office:
Signature: <i>Stephanie Shaw</i>	Signature: Holly Cane

ATTACHMENTS:

<i>If document has already been submitted and there are no changes, the same document does not need to be resubmitted.</i>	Attached?
Case Plan and attachments	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Youth Transition Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Copy of Court Notices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
ICWA Letter(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Acts of Acknowledgment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Putative Father Registry Certificate of Results	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
DNA Testing Results	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Other Orders (i.e., Child Support, Protective Orders, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Updated Family Connections Form	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Updated Circle of Influence Form	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
ICPC Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Foster Caregiver Progress Form(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Evaluations for Child(ren)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Evaluations for Parent(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted

	Submitted
Treatment Provider Progress Notes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
School 1 Form	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Immunization Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Child(ren)'s Report Card	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Previously Submitted

cc (with attachments): ADA/BGC, Parent Attorneys, Children's Attorney(s), Unrepresented Parties, CASA

DISPOSITION HEARING PREPARATION WORKSHEET

HEARING PURPOSE: *After the Judge has adjudicated the child in need of care, the Judge then makes a disposition ruling on the custody of the child and any related orders. This can happen at the conclusion of the adjudication hearing or at a separate disposition hearing set within 30 days after the adjudication. If the Judge keeps or places the child in DCFS custody, the Judge will also address the case plan and case plan goal. Hearsay is admissible at this hearing.*

PRE-HEARING RESPONSIBILITIES:

Absent/unknown parent(s):	What diligent efforts have been made to identify and locate an unknown parent or to locate a parent whose whereabouts is unknown?
Notice of hearing to caretaker(s):	Did DCFS provide notice of the right to appear at the disposition hearing to foster parent/pre-adoptive parent/relative providing care? If not, what diligent efforts were made to locate and notify them?
Indian Child Welfare Act:	Any reason to know that the child is an Indian child?
Diligent search for relatives/other significant persons:	Be prepared to describe diligent search efforts for adult relatives and persons who have a significant relationship with the child.
Identification/location of family connections:	What efforts have been made to identify each parent, any suitable relative or other suitable individual willing and able to offer a stable and safe home for the child, all grandparents, all parents of a sibling where the parent has legal custody of the sibling, all adult relatives?

APPLICABLE COURT DOCUMENTS:

Pre-Disposition report:	Some courts routinely require this; if/when the court orders (or routinely expects) a pre-disposition report; agency recommendations should include assessment of continuing contact with relatives.
Case plan (if child removed):	The case plan should be filed at least 10 days before the disposition hearing. Be prepared to explain to the court any information that is different from or in addition to the information provided in the case plan that was filed. If not filed timely, be prepared to explain delay.
Court report (if applicable):	The court report should be filed at least 10 days before the disposition hearing. Be prepared to explain to the court any information that is different from or in addition to the information provided in the court report that was filed. If not filed timely, be prepared to explain delay.
Family Connections form:	This form should be completed/updated and filed at least 10 days before the hearing and is often attached to the Court report.

DISPOSITION HEARING PREPARATION WORKSHEET

RECOMMENDATION:

What is the DCFS recommendation to the Court for the Disposition?

Order of custody preference:

(1) Parent, (2) Relative or other suitable person, (3) Nonparent guardian, (4) DCFS

- Recommending custody to the parent: If so, are you recommending a protective order or safety plan order or other terms/conditions? Why or why not?
- If **not** recommending parental custody, be prepared to explain why continuation in the home is contrary to the health/welfare/safety of the child(ren).

Safety considerations for each child:

- The threat of danger continues to exist (describe in detail) AND
- The child is vulnerable to the threat of danger (explain why) AND
- Caretaker(s) do not possess sufficient protective capacities to manage the threat (explain why)
- Recommending custody to a relative or other suitable individual: If so, provide status of relative home study and explain whether you are recommending a protective order or other measures. If not, be prepared to explain diligent search for relatives and other significant persons and that no potential relatives have been located or why custody to a relative is not in the child's best interest.
- Recommending guardianship of the child to a nonparent: If so, explain status of guardianship process. If not, be prepared to explain why guardianship is not in the child's best interest.
- Recommending custody to DCFS: Be prepared to explain why this is the least restrictive dispositional alternative for this child.

ISSUES:

Reasonable Efforts:

If the Judge places the child in DCFS custody for the first time at Disposition, be prepared to describe reasonable efforts that were made to prevent removal.

What services and supports were provided to prevent/eliminate the need for removal? Address:

- individualized needs of each child and the family
- imminence and potential severity of threat of danger
- strengths of each child and the family
- community of support available to the family

Why additional efforts (like a safety plan) would not keep the child safe from identified threats of danger

DISPOSITION HEARING PREPARATION WORKSHEET

ISSUES:

If the Judge places or keeps the child in DCFS custody, the Judge may ask you about the case plan and case plan goal.

- Did you help prepare the case plan? Who else was involved in the preparation of the case plan?
- There are many points the Judge may ask you about, such as:
 - **Placement -**
Appropriateness of the placement; if a substantial distance from the parents, reasons why it is in the best interest of the child; is placement consistent with special needs of child
 - **Care, Services, Activities -**
What is the plan for providing services to parents, child, and foster parents to improve conditions in parents' home, facilitate safe return of child to own home or other permanent placement, or both; what is the plan for the child to receive safe and proper care and be afforded greatest opportunity for normalcy through age or developmentally appropriate activities?
 - **Visitation/Family Time -**
What is the plan for visitation with parents, siblings (half-siblings and those the child considers siblings), relatives, and other important individuals including frequency and setting? Child's valuable relationships and connections must be preserved.
 - **Efforts to Return Child/Finalize Placement**
Ensure documentation of efforts DCFS is making to safely return the child home or to finalize placement in accordance with the permanent plan.
 - **Assessment of Relationships -**
What are the child's relationships with parents, grandparents, and siblings? What is the plan for assuring continuing contact with those whom child has significant relationships?
 - **Youth Transition Plan -**
For youth 14 and order – what are the programs and services that will help youth prepare to transition from foster care to independent living?

In addition to the case file, carefully review any pre-disposition report, case plan and court report, including the Family Connections form, before the hearing!
