

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA
CASE NO.: _____ JUVENILE DIVISION: _____

IN THE INTEREST OF:

CHILD'S NAME: _____ DOB: _____
CHILD'S NAME: _____ DOB: _____
CHILD'S NAME: _____ DOB: _____
CHILD'S NAME: _____ DOB: _____

STATEMENT OF CASE MANAGER REGARDING POTENTIAL PLACEMENT RESOURCE

I, _____ certify that the following information is true:
Full legal name

1. I have communicated directly with the potential placement resource,

Name of person(s) with whom child(ren) to be placed *DoB*

Name of person(s) with whom child(ren) to be placed *DoB*

2. The potential placement resource () is / () is not interested in being a placement resource for the child(ren) and () is / () is not willing to cooperate with the Interstate Compact for the Placement of Children (ICPC) or Out of County Services (OCS) process.

3. The correct address, available telephone number or other contact information, of the placement resource is as follows:

Street: _____ Apt/Unit/Lot # _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - ____ Alt. Phone: (____) ____ - ____

4. Mailing Address of placement resource (if different than physical address):

Street: _____ Apt/Unit/Lot # _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - ____ Alt. Phone: (____) ____ - ____

In the Interest of _____(child's name) (page 2)
Statement of Case Manager Regarding Potential Placement Resource

5. The name, dob, and available telephone number or other contact information for all adults in the home is as follows:

6. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:

Number of bedrooms: _____

Number of adults residing in the home: _____

Number of children residing in the home, including child to be placed: _____

7. The proposed caregiver listed on line 1 has or will access financial resources to feed, clothe, and care for the child, including child care. () Yes / () No
8. The proposed caregiver listed on line 1 acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state or locality. () Yes / () No

OR

Due to the following, the ICPC or OCS home study will not be pursued:

- ___ inability to make contact with proposed placement, despite several attempts
- ___ proposed placement not interested in being a placement resource for the child
- ___ proposed placement unwilling to provide demographic information on others residing in the home
- ___ insufficient size of home
- ___ insufficient financial resources to provide for the child
- ___ proposed placement unwilling to submit to a criminal records and child abuse history checks

Signature

Title

Date

Printed Name:

Agency

Phone