

Case Transfer of Jurisdiction Form

From County: _____ To County: _____

Case Name _____ FSN Case ID # _____

Child(ren)	Gender	DOB	Social Security # Or FSN Person Id
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mother's Name: _____

Father's Name: _____

SS# or FSN Person ID# _____

SS# or FSN Person ID# _____

DOB: _____ Phone #: _____

DOB: _____ Phone #: _____

Address: _____

Address: _____

Briefly explain the circumstances of child(ren)'s and family's initial involvement with the Department of Children and Families and current situation including case plan, goal and status of compliance.

Provide a brief description of the child(ren)'s special needs including medical, allergies, emotional problems, behavior problems, school grade, etc.

Why should this case be transferred?

Sending Agency Contact Info:

Case Manager: _____ Supervisor: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Sending CLS / Managing Attorney

Consulted / Notified () Yes () No () N/A

Signature: _____

Name: _____

Email: _____

Phone: _____

Sending Agency Authorization

I acknowledge that I have discussed this transfer with the receiving county and believe that this transfer would be in the best interest of the child(ren) and the family.

Signature: _____

Name: _____

Title: _____ Date: _____

Receiving CLS / Managing Attorney

Consulted / Notified () Yes () No () N/A

Signature: _____

Name: _____

Email: _____

Phone: _____

Receiving Agency Authorization

I acknowledge that this case has been discussed with our agency and we agree with the transfer of the case.

Signature: _____

Name: _____

Title: _____ Date: _____

To be completed by receiving agency:

Jurisdiction to be transferred? () Yes () No

Comments:
