

**SUPERIOR COURT OF WASHINGTON
IN AND FOR THURSTON COUNTY
FAMILY & JUVENILE COURT**

In Re the Dependency of:

DOB:

A minor child.

No.

RESPONSE TO COURT REPORT;
or ADDENDUM FROM DCYF
 (RSP) (ADD)

**PARENTS AND CHILDREN RESPONSE SHEET TO A COURT REPORT
OR DEPARTMENT ADDENDUM (used when court report is not needed)**

Notice: Any party has the right to submit oral arguments at the hearing even if a response is not filed.

I. RESPONSE OR ADDENDUM FROM:

- DCYF _____ (name of social worker)
(due 5 court days before hearing);
- Mother's Attorney _____ (name)
(due 3 court days before hearing);
- Father's Attorney _____ (name)
(due 3 court days before hearing);
- Child's Attorney _____ (name)

(name of youth)
(due 3 court days before hearing);
- CASA _____ (name)
(due 3 court days before hearing);
- Other _____ (name)
(due 3 court days before hearing);

II. TYPE OF HEARING:

- Interim Dependency/Permanency Planning Motion
 other hearing type- Identify other type of hearing:

A. Court set hearing to address following issue:

B. Resolution to the issue stated above in A.:

C. Parties agree to strike hearing: YES NO

(If Yes, AAG will file motion on Monday's Ex Parte calendar before Wednesday's hearing)

D. If no, explain what has not been resolved:

ONLY IF ISSUE ABOVE IS NOT RESOLVED, RESPOND BELOW:

III. ALL SERVICES REFERRED:

YES NO: explain what needs to be referred and reason for delay:

A. Compliance with services (for Dependency or Permanency Planning Reviews Only):

B. Progress with services (for Dependency or Permanency Planning Reviews Only):

IV. FAMILY TIME (VISITATION):

Supervised; Monitored; Unsupervised.

How often is family time (visitation) occurring: _____.

A. Describe parent's attendance and explain strengths and challenges of the family time (visitation), if any, for child and parent:

B. Identify any safety risks:

C. Recommendation for change or modification in family time (visitation) and reasons for recommendation:

V. CHILD(S) NEEDS:

A. Sibling family time (visitation) occurring:

YES, how often:

NO, explain why not:

B. Physical needs:

C. Mental health and/or behavioral health needs:

D. School update/educational needs:

E. Placement Issues:

VI. BARRIERS TO REUNIFICATION:

A. Are there current identified safety threats and/or uncorrected parental deficiencies that are a barrier to reunification? YES NO

B. If Yes above, please identify the safety threats and/or parental deficiencies that are barriers to reunification:

C. Status of parent in overcoming barriers to reunification:

VII. BARRIERS TO ADOPTION:

YES NO

A. If Yes above, please identify the barriers to adoption:

B. Status of progress to overcome barriers to adoption:

C. Projected adoption finalization date:

VIII. OTHER ISSUES OR FINAL RECOMMENDATION(S) TO THE COURT:

Dated this ____ day of _____, 20____

Sign here

Print name