

## Case Staffing and Tracking Form

*This form is to be completed on each case that will be staffed by the Child Protection Team.*

Name of Child/ID#: \_\_\_\_\_

Guardian/Caregiver: \_\_\_\_\_

Status of Court Case:

Next hearing date \_\_\_\_\_ Adjudication date \_\_\_\_\_

Child in Custody of: \_\_\_\_\_

Current Placement: \_\_\_\_\_

Location of Perpetrator: \_\_\_\_\_

Services Received: \_\_\_\_\_

Additional Services Needed: \_\_\_\_\_

Reunification Efforts: \_\_\_\_\_

Recommendation for further action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date