Nebraska State Court Form	**CAREGIVER INFORMATION FORM**	JC 14:11(11) Rev. 04/2017 Neb. Rev. Stat. § 43-1314.02

IN THE JUVENILE COURT OF _____ COUNTY, NEBRASKA

Child:	Legal Case Number
Hearing Date:	
Completed by:	Relationship:

To the Foster Parent or Relative Caregiver of the child: Neb. Rev. Stat. § 43-1314.02 (2007 Neb. Laws, L.B. 457, § 1) requires courts to provide a Caregiver Information Form to foster parents. You may submit written information to the court, and you can be heard at review and permanency hearings. This *optional* form may assist you in providing written information to the court. You are encouraged to provide information based only on *first-hand* knowledge. You do not have to complete every item on the form. Please type or print clearly in ink and submit the form 2 weeks in advance of the hearing to the Clerk of the Court. You also have the right to be present at the hearing, and you are encouraged to attend. All parties to the case will have access to the information you provide, and you may be required to testify about this information.

1. Child's Name: _____ Age: _____

2. Name of Caregiver: _____ Phone: _____

   Address: _____

   E-mail address: _____

   Type of Caregiver:

   ☐ Foster Parent ☐ Group home/residential treatment facility

   ☐ Relative ☐ Other (specify): _____

3. The child has been living in my home for ____ years and ____ months.

Current Picture of Child

Name of Caregiver:	Case Number:
Name of Child:	

4. Current Status of Child's Medical/Dental/General Physical Condition:
   - ☐ I have no new or additional information since the last court hearing
   - ☐ I have new or additional information since the last court hearing *(briefly describe)*

5. Current Status of Child's Emotional Condition:
   - ☐ I have no new or additional information since the last court hearing
   - ☐ I have new or additional information since the last court hearing *(briefly describe)*

6. Current Status of Child's Education:
   - ☐ I have no new or additional information since the last court hearing
   - ☐ I have new or additional information since the last court hearing *(briefly describe)*

The child ☐ is ☐ is not a special education student. Date of the last Individual Education Plan (IEP) was:

Name of Caregiver:	Case Number:
Name of Child:	

7. Current Status of Child's Social Skills/Peer Relationships:
   - ☐ I have no new or additional information since the last court hearing
   - ☐ I have new or additional information since the last court hearing *(briefly describe)*

8. Current Status of Child's Special Interests/Activities:
   - ☐ I have no new or additional information since the last court hearing
   - ☐ I have new or additional information since the last court hearing *(briefly describe)*

9. Current Status of Child's Reactions Before/During/After Visits:
   - ☐ I have no new or additional information since the last court hearing
   - ☐ I have new or additional information since the last court hearing *(briefly describe)*

10. ☐ I have no concerns regarding visitation arrangements.
    ☐ I have concerns regarding visitation arrangements. *(please specify)*

Name of Caregiver:	Case Number:
Name of Child:	

11. Is child receiving all necessary services?: ☐ Yes ☐ No Explain:

12. Caseworker has visited child:

Month	Place (face to face)	By Phone

13. Caseworker has visited with Foster Parent:

Month	Place (face to face)	By Phone

14. The Guardian Ad Litem has acquired information about child through:

☐ Personal Visits dates (see below)

☐ I have provided monthly caregiver reports

☐ Other (specify):

Guardian Ad Litem has visited child:

Month	Place (face to face)	By Phone

Name of Caregiver:	Case Number:
Name of Child:	

15. My child has a CASA worker: ☐ Yes ☐ No

CASA worker has visited child:

Month	Place (face to face)	By Phone

16. Other concerns or comments about child:

17. If child is not able to be reunified with his/her biological family, and if consideration for permanency is with us, I am/We are:

☐ ABLE to make a permanent commitment to child.

☐ NOT ABLE to make a permanent commitment to child.

☐ UNSURE if we will be able to make a permanent commitment to child.

Date:_____

_____ _____

(Type or print name) (Signature of Caregiver)

Please feel free to use the back for more detailed information.