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| MISSOURI TERMINATION OF PARENTAL RIGHTS REFERRAL FORM**Send this document and all supporting documents to the DLS or JO office** |
|  |
| REVIEWED BY:  |  | DATE OF REVIEW: |  |
| [ ]  ACCEPTED [ ]  REJECTED |
| IF REJECTED, BRIEF EXPLANATION:       |
| PROPOSED DATE(S)/TIME(S) FOR FOLLOW-UP PHONE CALL |       |
| **\*\*\*\* Please complete this form in its entirety for each parent involved. This form is for referral purposes ONLY. An attorney will be assigned to the case and follow-up conversation is expected to occur between the worker and attorney \*\*\*\*** |
|  |
| PARENT NAME | RELATIONSHIP TO CHILD(REN) [ ]  MOTHER [ ]  FATHER [ ]  POTENTIAL FATHER  |
| DCN  | DOB  | SSN |
| CURRENT OR LAST KNOW ADDRESS |
| CASEWORKER | DATE |
| ADDRESS | COUNTY | PHONE |
| SUPERVISOR      | JO      | GAL      |
| DATE COURT CHANGED GOAL TO ADOPTION  | NEXT HEARING DATE      | HEARING TYPE      |
| CHILD(REN) TPR PERTAINS TO: |
| CHILD 1 NAME: | CHILD 2 NAME: |
| CHILD 3 NAME: | CHILD 4 NAME: |
| [ ]  Child(ren) have been in foster care at least 15 out of the most recent 22 months (not a ground) |
| ALL PREVIOUS WORKERS: | DATES ASSIGNED: | ALL PREVIOUS WORKERS: | DATES ASSIGNED: |
|  |  to  |  |  to  |
|  |  to  |  |  to  |
|  |  to  |  |  to  |
| **IF APPLICABLE, PLEASE ATTACH COPIES OF:** |
| **[ ]**  | All Legal Documents (Petition for PC, Adjudication Order, Disposition, Permanency Reviews, Court Reports, etc.) |
| **[ ]**  | Case Planning Documents (Mapping Tools, Written Service Agreements, etc.) |
| **[ ]**  | Documentation of visitation (ex. Visitation log) |
| **[ ]**  | ICWA documentation |
| **[ ]**  | All Child Support Enforcement Orders and Documents |
| **[ ]**  | Absent Parent Locator Form |
| **[ ]**  | Completed Putative Father Registry Search |
| **[ ]**  | Narrative |
| **[ ]**  | Birth certificate for each child |
| [ ]  | Medical Record of the Child |
| [ ]  | Medical Record of the Parent |
| **[ ]**  | Drug/alcohol tests and treatment records |
| **[ ]**  | Parent’s evaluation and treatment records (substance abuse, mental health). |
| **[ ]**  | Bonding Assessments |
| **[ ]**  | Criminal records (arrest reports, convictions, judgement and sentencing documents, etc.) |
| **[ ]**  | TPR judgments from other jurisdictions |
| **[ ]**  | Any written correspondence from a parent, relative, or potential intervenor |
| **[ ]**  | Placement History Timeline (name/type/dates)  |

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| CHILD 1  | DATE OF REMOVAL:  |
| CHILD’S FULL NAME: | BIRTHDATE:  | [ ]  MALE [ ]  FEMALE |
| NAME OF MOTHER: | NAME OF FATHER:  |
| SSN:  | DCN:  | JUVENILE COURT CASE #:  | Life No (Jackson County Only):  |
| Current Placement Name:  |
| Placement Address: |

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| CHILD 2  | DATE OF REMOVAL:  |
| CHILD’S FULL NAME: | BIRTHDATE:  | [ ]  MALE [ ]  FEMALE |
| NAME OF MOTHER: | NAME OF FATHER:  |
| SSN:  | DCN:  | JUVENILE COURT CASE #:  | Life No (Jackson County Only):  |
| Current Placement Name:  |
| Placement Address: |

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| CHILD 3  | DATE OF REMOVAL:  |
| CHILD’S FULL NAME: | BIRTHDATE:  | [ ]  MALE [ ]  FEMALE |
| NAME OF MOTHER: | NAME OF FATHER:  |
| SSN:  | DCN:  | JUVENILE COURT CASE #:  | Life No (Jackson County Only):  |
| Current Placement Name:  |
| Placement Address: |

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| CHILD 4  | DATE OF REMOVAL:  |
| CHILD’S FULL NAME: | BIRTHDATE:  | [ ]  MALE [ ]  FEMALE |
| NAME OF MOTHER: | NAME OF FATHER:  |
| SSN:  | DCN:  | JUVENILE COURT CASE #:  | Life No (Jackson County Only):  |
| Current Placement Name:  |
| Placement Address: |

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| **PARENT INFORMATION** |
| Currently Incarcerated [ ]  YES [ ]  NO | Inmate Number:  | Release Date:  |
| If parent is in the custody of the Department of Corrections: Please visit the Missouri Department of Corrections website at <https://web.mo.gov/doc/offSearchWeb/> to locate the offender. You can also locate an inmate currently housed in a county jail at <http://www.vinelink.com/offender/searchNew.jsp?siteID=26000>.  |
| Address of Prison  |
| Employed: Yes [ ]  No [ ]  | If yes, where:   |
| Deceased: Yes [ ]  No [ ]  | If yes, when and where:  |
| Has this person signed or expressed a willingness to consent? [ ]  YES [ ]  NO |
| PATERNITY INFORMATION (List children and provide paternity information regarding each) |
| Date of Marriage  | Name of Spouse | List Children Born During Marriage  |
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| **GROUNDS FOR TERMINATION:** (check all that may apply) |
| [ ]  | Abandoned Infant | [ ]  | Failure to Rectify |
| [ ]  | Violent Parental Crimes Against Child | [ ]  | Felony Sex Crimes |
| [ ]  | Abandoned Child | [ ]  | Forcible Rape or Rape in the First Degree |
| [ ]  | Abused or Neglected Child | [ ]  | Parental Unfitness |
|  |
| **ABANDONMENT OR ABANDONED INFANT**1. Did the parent leave the child under such circumstances that the identity of the child was unknown and could not be ascertained? [ ]  Yes [ ]  No
 |
| If yes: Date the parent left the child:  |
| Circumstances under which the parent left the child: |
| Efforts made to ascertain the identity of the child: |
| Did the parent come forward to claim the child? [ ]  Yes [ ]  No |
| 1. Has any Children’s Division employee informed the parent of the obligation to visit with, communicate with and financially support the child and that a failure to do so could result in a petition for termination of parental rights being filed? [ ]  Yes [ ]  No
 |
| If yes, provide all of the following specific information: |
|  | Date: |  | Employee: |  |
| Content of Communication:  |  |
| To whom communicated to: |  |
| **VIOLENT CRIMES AND FORCIBLE RAPE (**Please attach relevant records. If records are not available, please provide any known information such as court jurisdiction, case number, date of judgment and sentence).1. Has the parent pled guilty or been found guilty convicted of any of the following crimes?
 |
| Felony Sexual offenses  | [ ]  Yes [ ]  No |
| Offenses Against the Family  | [ ]  Yes [ ]  No |
| 1. Murder of a sibling to this child
 | [ ]  Yes [ ]  No |
| 1. Voluntary manslaughter of a sibling to this child
 | [ ]  Yes [ ]  No |
| Aided or abetted, attempted, conspired or solicited to commit murder or voluntary manslaughter of a sibling to this child. [ ]  Yes [ ]  No |
| 1. Felony assault that resulted in serious bodily injury to the child or to a sibling [ ]  Yes [ ]  No
 |
| 1. Genital Mutilation
 | [ ]  Yes [ ]  No |
| 1. Incest
 | [ ]  Yes [ ]  No |
| 1. Was the child conceived and born as a result of an act of forcible rape? [ ]  Yes [ ]  No
 |
| If yes, has the biological father of the child been convicted of the forcible rape?  [ ]  Yes [ ]  No |
| If yes: When? |  | Where? |  |
| If yes, is the Mother requesting that the father’s rights be terminated while hers remain intact? [ ]  Yes [ ]  No |
| If the mother is requesting that the biological father’s rights be terminated, has she expressed a preference as to an order directing the father to remit child support or other financial benefits for the child? [ ]  Yes [ ]  No |
| If yes, what is that preference? |  |

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| **MENTAL CONDITION** |
| 1. Does the parent have a mental condition? [ ]  Yes [ ]  No [ ]  Unknown
 |
| If yes, state the following: |
| 1. Mental Condition:
 |  |
|  |
| 1. List **all** treating mental health professionals:
 |
|  | Name | Address | Phone |  |
|  |  |  |  |  |
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| 1. Has a psychiatrist/psychologist stated that the mental condition is permanent? (Please attach relevant records).

[ ]  Yes [ ]  No |
| If yes, whom: |  |

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| 1. Has a psychiatrist/psychologist stated that there is no reasonable likelihood that the mental condition can be reversed? (Please attach relevant records).

 [ ]  Yes [ ]  No |
| If yes, when: |  |

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| 1. Has a psychiatrist/psychologist stated that as a result of a mental condition, the parent cannot knowingly provide the child with the necessary care, custody and control? (Please attach relevant records).

[ ]  Yes [ ]  No |
| If yes, when: |  |

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|  | Place of Hospitalization/ Treatment | Date |
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| 1. Does the parent have a chemical dependency? [ ]  Yes [ ]  No [ ]  Unknown
 |
| If yes, state the following: |
|  | 1. Type of dependency (including drug of choice)
 |  |
|  | Length of dependency |  |  |

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|  | 1. Has the parent ever been treated for chemical dependency? [ ]  Yes [ ]  No [ ]  Unknown
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|  | Place of Hospitalization/ Treatment | Date |
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| 1. Provide the names, addresses and phone numbers of all psychiatrists, psychologists, physicians and/or counselors who have treated the parent for chemical dependency
 |
|  | Name | Address | Phone |
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| 1. Provide copies of all chemical dependency treatment records or evaluations.
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| 1. Has the parent been ordered to submit to random drug testing such as urinalysis, hair follicle testing, blood testing, or other objective testing? [ ]  Yes [ ]  No

 **(Attach copy of all results.)** |
| 1. Does the chemical dependency prevent the parent from consistently providing the child with necessary care, custody and control? [ ]  Yes [ ]  No
 |
| If yes, describe the way in which the chemical dependency has prevented the parent from consistently providing the child the necessary care, custody and control. |
| Has the parent engaged in criminal acts or experienced charges/convictions arising out of substance use? (Ex: DWI, possession, distribution, etc.) during the pendency of the case? If yes, describe.  |
| **ABUSE** |
| 1. Including any facts previously found true by our Juvenile Court, has there been any severe act(s) or recurrent act(s) of physical, sexual or emotional abuse toward the child or any sibling of the child? [ ]  Yes [ ]  No
 |
| Did the parent know about the abuse, or should have known about the abuse? [ ]  Yes [ ]  No |
|  If yes, provide the following: |
|  | 1. Specific act or acts of abuse:
 |  |
|  | 1. Against whom was/were the act(s) of abuse committed
 |  |
|  | 1. By whom was/were the act(s) of abuse committed?
 |  |
|  | 1. Date(s) or time period(s) of act(s) of abuse:
 |  |
|  | 1. What knowledge parent had of the abuse, if any:
 |  |

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| 1. Witnesses & examining physician(s) to the act(s) of abuse, if any:
 |
|  | Name  | Address | Phone # |
|  |  |  |  |
|  |  |  |  |
| 1. Provide copies of any documentation such as medical records, affidavits, psychological or psychiatric reports and/or evaluations.
 |
| **NEGLECT** |
| 1. Including any facts previously found true by our Juvenile Court, has there been repeated or continuous neglect by the parent? [ ]  Yes [ ]  No
 |
| If yes, please specify in detail |
| If the parent is/was physically unable to provide for the child, describe disability. |
| (Provide copies of any documentation supporting this information.) |
| **HARMFUL CONDITIONS** |
| 1. Do any of the conditions that originally brought the child under the Court's jurisdiction still exist? [ ]  Yes [ ]  No
 |
| If yes, state which conditions continue to exist.  |
| 1. Have any of the conditions that originally brought the child under the Court's jurisdiction been remedied? [ ]  Yes [ ]  No
 |
| If yes, state which conditions have been remedied.  |
| 1. Do conditions of a potentially harmful nature exist? [ ]  Yes [ ]  No
 |
| If yes, state what conditions are potentially harmful or which will cause the parent to be unable to care appropriate for the child now and in the future?  |
| If yes, is there a reasonable likelihood that these conditions will be remedied in the near future? [ ]  Yes [ ]  No |
| Why or why not?  |
| 1. If parental rights are not terminated, what effect will that have on the ability of the child to be integrated into a permanent and stable home?

 |
| **PARENTAL UNFITNESS** |
| 1. Have the parent’s rights been terminated involuntarily to one or more children within the previous three years?

[ ]  Yes [ ]  No |
| If yes, provide as much information as known about that TPR (i.e. child’s name, county/state where the TPR occurred, case number, etc.) |
| Is the parent the biological parent of another child who has been adjudicated as abused or neglected? [ ]  Yes [ ]  No |
| If yes, provide information known about that adjudication, including but not limited to: |
| Child’s name |  |  |
| Case number |  |  |
| County and Date of Adjudication |  |  |
| Has the parent previously failed to complete recommended treatment services through a family-centered services case? [ ]  Yes [ ]  No |
| If yes, then what services were recommended and by whom? |  |
| Dates of the Family-Centered Services Case and Case manager’s name(s): |
| If the parent has either an unsuccessfully completed FCS case or a prior adjudication for abuse/neglect of another child, when this child was born: [ ]  Yes [ ]  No |
| Did the mother or the child test positive for alcohol, controlled substances or prescription medications, other than those lawfully prescribed at the time of the child’s birth or within eight hours of the birth? [ ]  Yes [ ]  No [ ]  Unsure |
| If yes, provide documentation, to the extent it is contained within your file, or other information known, such as who tested positive, for what substance, and where the records are located to support such a finding. |
| 1. Has the parent pled guilty to or been convicted of a felony offense for the possession, distribution, or manufacture of cocaine, heroin, or methamphetamine within the previous three years? **(**Please attach relevant records. If records are not available, please provide any known information such as court jurisdiction, case number, date of judgment and sentence)

[ ]  Yes [ ]  No |

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| **VISITATION/COMMUNICATION** |
| 1. Describe visitation. **(Use of chart may be helpful. Include completed, attempted and missed visits)**

 |
|  | Date | Did visit occur? | If visit missed, provide reason | Location & length  |
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| 1. Has the parent communicated in any manner with the child other than through visitation? [ ]  Yes [ ]  No
 |
| If yes, provide the following: (Attach a copy of any cards or letters from any of the parents to the child and identify which parent communicated with the child.) |
|  | Date | Form of Communication |
|  |  |  |
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| 1. Has any Children’s Division’s employee ever denied visitation between the parent and the child? [ ]  Yes [ ]  No
 |
| If yes, provide the following: |
|  | Date | Reason | Which parent was denied visit? | Was alternate visit offered? |
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| 1. Was there a court order to cease visitation? [ ]  Yes [ ]  No
 |
| 1. Has any placement provider or other person ever denied visitation between the parent and the child? [ ]  Yes [ ]  No
 |
| If yes, provide the following: |
|  | Date | Reason | Which parent was denied visit? | Was alternate visit offered? |
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| **PARENTAL SUPPORT**  |
| List any court ordered Child Support: |
|  | Date Ordered | Amount Ordered | Amount Paid to Date |  |
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| Has the parent provided any other non-monetary support? [ ]  Yes [ ]  No |
| If yes, state the following: |
|  | Non-Monetary Item | Date |   |
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| 1. For the time period during which the child has been in foster care, state the following about the parent’s known employment:
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| --- | --- | --- | --- | --- |
|  | Date | Place of Employment/Source of Income | Income |  |
|  |  |  |  |  |
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| 1. Is the parent physically able to work? [ ]  Yes [ ]  No
 |
| 1. Has there been a judicial/administrative child support order entered? [ ]  Yes [ ]  No
 |
| **(If yes, attach copy of judicial/administrative order)** |

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| **REUNIFICATION EFFORTS** |
| 1. Describe parent’s compliance with Court's Orders.
 |
|   | Date(s) of Order | Requirement | Which Parent | Extent of Compliance |
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| 1. Has the parent entered into social service plans/written service agreements? [ ]  Yes [ ]  No
 |
| If yes, state the extent to which each parent has complied with the terms of said agreements or plans. (Provide a copy of all agreements or plans.) |

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|  | Date(s) of Plan | Requirement | Which Parent | Extent of Compliance |
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| 1. Describe all services provided and all efforts made by Children’s Division and any other agencies to aid the parent(s) in having the custody of the child returned to that parent(s). Include names, addresses and telephone numbers of all service providers, types of service provided, and the dates services were provided or authorized. Ensure that a report has been received by each provider and attach any reports not previously filed with the court.
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| --- | --- | --- | --- | --- |
| Dates | Agency | Address | Phone # | Service Provided |
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| 1. Are additional services available which would be effective in changing the parent(s) circumstances so the child can be returned to the parent within a reasonable period of time? [ ]  Yes [ ]  No
 |
| If yes, describe the services and explain how the services would be effective in accomplishing reunification.  |
| If no, explain why additional services would not be effective in accomplishing reunification. |
| **BEST INTEREST** |
| 1. Describe the emotional ties, if any, the child has to the parent?

 |
| Describe any disinterest in or lack of commitment to the child by the parent. |
| 1. Has the parent been convicted of any crime(s)? [ ]  Yes [ ]  No
 |
| If yes, state the following: |
|  | Crime  | Date of Conviction | State & Court of Conviction Sentence |
|  |  |  |  |
|  |  |  |  |
| Are any of the above crimes a felony offense that is of such a nature that the child will be deprived of a stable home for a period of years? |
| 1. Has the parent been incarcerated in the past? [ ]  Yes [ ]  No
 |
| If yes, state the following: |
| 1. Prisoner number(s).
 |  |
| 1. Place(s) and dates of incarceration.
 |  |
| 1. Attach a copy of any incarcerated parent letter sent by the agency.
 |
|  |  |  |  |  |  |
|  | (Signature of CD worker) Missouri Department of Social Services, Children’s Division |  | Telephone No. |  | Date |
|  |  |  |  |  |  |
|  | (Signature of CD supervisor) Missouri Department of Social Services, Children’s Division |  | Telephone No. |  | Date |