

APPENDIX 12

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

THE STATE OF NEBRASKA
 IN THE INTEREST OF

Case Number: _____

_____ A JUVENILE.

GUARDIAN AD LITEM REPORT

A. Information

The undersigned individual was appointed by the Court as the Guardian Ad Litem for the above-named child(ren).

Date of Report: _____
 Date of Hearing: _____
 Type of Hearing: _____

The case plan has been received from HHS: Yes No

(Caution: The attorney report must be submitted whether or not HHS has provided a case plan.)

1. IDENTIFYING INFORMATION

Mother: _____
 Father: _____
 Legal Custodian: Child(ren): _____

| Child's Name | Age (at time of report) | Placement |
|--------------|----------------------------|-----------|
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2. CONTACT WITH CHILD(REN) SINCE LAST HEARING:

Since the date of the last hearing, if any, I have had the following contact with the child(ren):

| Date of Contact | Child Contacted | Type of Contact & by Whom (In-person, Phone, Other) |
|-----------------|-----------------|--------------------------------------------------------|
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If no contact has been made, please explain why:

Expressed preferences of children, if any:

3. PERSONS AND OTHER RESOURCES CONTACTED SINCE LAST HEARING:

Since the date of the last hearing, if any, I have contacted the following persons and/or other resources, including caseworkers, physicians, psychologists, parents, foster parents, and teachers, in an effort to learn information about the child(ren)'s and family's circumstances and progress:

| Date of Contact | Person or Resource Contacted | Title or Agency Name |
|-----------------|------------------------------|----------------------|
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4. DOCUMENTS REVIEWED SINCE LAST HEARING:

Since the date of the last hearing, if any, I have reviewed and relied upon the following documents:

| Date of Document | Document Type/Title |
|------------------|---------------------|
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B. Guardian Ad Litem Report to the Court

1. Guardian Ad Litem Narrative:

Based upon information available, the following is a comprehensive outline of the relevant information and concerns about the child(ren) or family situation:

The requirements of the Nebraska Strengthening Families Act §43-4701 RRS et. seq, are being met, including:

- Yes No The child has been given appropriate chance to participate in extracurricular, enrichment, cultural, and social activities.
- Yes No The child's rights under the NSFA have been explained to the child.
- Yes No There is a transitional plan in place that includes the Child's input and outlines the services needed to assist the child to make the transition to a successful adulthood if required
- Yes No The Department has provided opportunities for the child to be consulted in regard to his or her case plan.

If the answer to any of the foregoing questions is no, provide explanation:

2. RECOMMENDATIONS:

Based upon my contact with the child(ren), contact with others, and review of documents since the date of the last hearing, if any, and based upon all the files, records, and proceedings related to this matter,

As Guardian Ad Litem, I find that reasonable efforts have been made by the Nebraska Department of Health and Human Services for the child(ren) to return to or remain in the parental home:

Yes No

As Guardian Ad Litem, I find that the child(ren) would be at risk of harm if the child(ren) returned to or remained in the parental home at this time, and recommend removal or continued removal by the Court from the parental home: Yes No

As Guardian Ad Litem, I have identified the following as possible barriers to permanency:

As Guardian Ad Litem, I have identified the following active efforts (if applicable):

As Guardian Ad Litem,

_____ I am in agreement with the recommendations made by the Nebraska Department of Health and Human Services.

_____ I recommend the following additional requirements be court ordered:

_____ I disagree with the recommendations of the Nebraska Department of Health and Human Services and instead request that the Court order:

| | |
|-------------------------------------------|-------------------------|
| _____ | Date: _____ |
| Signature | |
| _____ | _____ |
| Please Print or Type Name | Street Address/P.O. Box |
| _____ | _____ |
| Bar Number and Firm Name (attorneys only) | City/State/ZIP Code |
| _____ | _____ |
| Phone | E-mail Address |