IN THE COUNTY COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY, NEBRASKA

THE STATE OF NEBRASKA

IN THE INTEREST OF

Name of Juvenile(s).

JUVENILE(S).

Case Number: Case Number.

**GUARDIAN AD LITEM REPORT AND RECOMMENDATIONS**

# 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 Report. Date of Hearing: Date of Hearing.

Type of Hearing: Type of Hearing.

Mother: Mother’s Name.

Father: Father’s Name.

Legal Custodian: Legal Custodian’s Name.

|  |
| --- |
| Child(ren) |
|  |
| **Child’s Name** | **Age****(at time of report)** | **Placement** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |
| --- |
| 1. 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(s) of Contact** | **Child Contacted** | **Type of Contact &****by Whom****(In-person, Phone, Other)** |
|       |       |       |
|       |       |       |
|       |       |       |

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| 2. PERSONS AND OTHER RESOURCES CONTACTED SINCE LAST HEARING: |
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| --- |
| Since the date of the last hearing, if any, I have contacted the following persons and/or other resources, including, but not limited to, caseworkers, family support workers, physicians, psychologists, therapists, counselors, teachers, parents, foster parents, relatives, independent living specialists, ICWA specialists, and representatives of CASA and the Foster Care Review Office, in an effort to learn information about the child(ren)'s and family's circumstances and progress: |

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|  |
| **Date(s) of Contact** | **Person or Resource Contacted** | **Title or Agency Name** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

3. DOCUMENTS, REPORTS, AND INFORMATION:

Since the date of the last hearing, if any, I have reviewed and considered the following documents as checked below:

[ ]  NDHHS case plan and court report [ ]  Probation report

[ ]  Visitation reports [ ]  Medical reports

[ ]  FCRO report [ ]  CASA report

[ ]  Family support reports [ ]  Therapy reports

[ ]  Evaluations/Assessments: [ ]  EDN reports

[ ]  Psychological [ ]  NE Educational Court reports

[ ]  Psychiatric [ ]  Independent Living Transition Plan/ [ ]  Chemical Dependency/ Proposal

[ ]  Substance Abuse

[ ]  Co-occurring evaluations [ ]  Other: (describe below)

 Click or tap here to enter text.

Information not yet provided or made available to the guardian ad litem:

Click or tap here to enter text.

1. **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:

Click or tap here to enter text.

2. NSFA REQUIREMENTS:

The requirements of the [Nebraska Strengthening Families Act § 43-4701 RRS](https://nebraskalegislature.gov/laws/statutes.php?statute=43-4701) et. seq, are being met, including:

[ ] Yes [ ]  No The children have been given appropriate chance to participate in

 extracurricular, enrichment, cultural, and social activities.

[ ] Yes [ ]  No The children's rights under the NSFA have been explained to them.

[ ] 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.

[ ] Yes [ ]  No [ ]  N/A

The juvenile has been provided all documents required for independent living under Neb. Rev. Stat. § 43-1311.03(9)(b) (e.g., birth certificate, Social Security card, etc.).

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

Click or tap here to enter text.

3.YOUTH ENGAGEMENT INQUIRY:

Please answer the following with respect to each juvenile you represent who is able to express an opinion and to comprehend the following:

[ ] Yes [ ]  No I have advised each juvenile of his/her right to attend this review hearing.

[ ] Yes [ ]  No With respect to each juvenile who has expressed a desire to attend this hearing, I have requested the case manager/probation officer to make arrangements for him/her to attend this hearing.

[ ]  Yes [ ]  No I have informed each juvenile of the Department’s (or Probation’s) recommendation(s) with respect to this hearing.

[ ]  Yes [ ]  No I have informed each juvenile of my recommendation(s) with respect to this hearing.

Please provide an explanation with respect to each question to which you answered “no.”

Click or tap here to enter text.

4. RECOMMENDATIONS:

Based upon my contact with the child(ren), and with case professionals and 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,

[ ] Yes [ ]  No As Guardian Ad Litem, I find that reasonable efforts/active efforts have been made 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.

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

1. Barriers Relating to Parents:

 Mother:

Click or tap here to enter text.

 Father(s):

Click or tap here to enter text.

 Other parent(s):

Click or tap here to enter text.

1. Barriers Relating to Child/Children:

 Click or tap here to enter text.

1. Barriers Relating to Case Management and/or Case Professionals:

 Click or tap here to enter text.

D. Barriers Caused by Other Factors:

 Click or tap here to enter text.

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

Click or tap here to enter text.

As Guardian Ad Litem,

[ ]  I am in agreement with all, or the following, recommendations made by the Nebraska Department of Health and Human Services (or Juvenile Probation):

Click or tap here to enter text.

[ ]  I am not in agreement with the following recommendation(s) made by the Nebraska Department of Health and Human Services (or Juvenile Probation):

Click or tap here to enter text.

[ ]  I have not yet received a written report from the Nebraska Department of Health and Human Services (or Juvenile Probation):

 [ ]  In addition, I recommend the Court order the following:

Click or tap here to enter text.

Dated: Click or tap to enter a date.

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

 Attorney Name

 Guardian Ad Litem for Click or tap here to enter text., Juvenile

cc.
Click or tap here to enter text., Deputy County Attorney;

Click or tap here to enter text., attorney;

Click or tap here to enter text. DHHS attorney

(or Click or tap here to enter text., Probation Officer)



Appendix 9 (Neb. Ct. R. – Chapter 6, Article 14)

 Adopted June 24, 2015, Amended March 14, 2017; amended and renumbered to

Appendix 9 October 27, 2021, effective January 1, 2022; amended November 16, 2022.