

IN THE JUVENILE COURT OF _____ COUNTY, NEBRASKA

IN THE INTEREST OF _____

Case # _____

(Juvenile)

CASE TRANSFER SUMMARY FORM

Counts:

Violation	Date	Dismissed?	
1.		<input type="checkbox"/> yes	<input type="checkbox"/> no
2.		<input type="checkbox"/> yes	<input type="checkbox"/> no
3.		<input type="checkbox"/> yes	<input type="checkbox"/> no
4.		<input type="checkbox"/> yes	<input type="checkbox"/> no

Additional Charges are listed on another sheet.

Mothers Name: _____

Address: _____

City, ST, Zip: _____

Phone No.: _____

Appoint Attorney for Mother? yes no

GAL for Mother? yes no

Dismissed as to Mother? yes no

Fathers Name: _____

Address: _____

City, ST, Zip: _____

Phone No.: _____

Appoint Attorney for Father? yes no

GAL for Father? yes no

Dismissed as to Father? yes no

Additional Party: _____

Relationship: _____

Address: _____

City, ST, Zip: _____

Phone No.: _____

Appoint Attorney? yes no

GAL? yes no

Child(ren):

Name(s): _____

Address(es): _____

GAL? yes no

GAL? yes no

GAL? yes no

Other necessary parties identified CASA FCRO NDHHS ICWA Tribe

Other: _____

The next appearance will be for: hearing disposition review

Other: _____

Information provided by: _____