

On November 16, 2022, the Nebraska Supreme Court adopted the following rule amendments to the Guardian Ad Litem Report found at Ch. 6, Art. 17, App. 1, and at Ch. 6, Art. 14, App. 9:

Nebraska State Court Form REQUIRED  APPENDIX 1 Ch.6 Art. 17 Rev. <del>06/2016</del> 11/2022  Document # _____	<b>GUARDIAN AD LITEM REPORT</b>	
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APPENDIX 1

IN THE SEPARATE JUVENILE COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

THE STATE OF NEBRASKA  
 IN THE INTEREST OF

Case Number: \_\_\_\_\_

**GUARDIAN AD LITEM REPORT  
AND RECOMMENDATIONS**

\_\_\_\_\_ A JUVENILE(S).

**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

**2. 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):

<b>Date(s) of Contact</b>	<b>Child Contacted</b>	<b>Type of Contact &amp; by Whom (In-person, Phone, Other)</b>

If no contact has been made, please explain why:

Expressed preferences of children, if any:

**3. 2. 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, but not limited to, caseworkers, family support workers, physicians, psychologists, therapists, counselors, teachers, parents, foster parents, relatives, independent living specialists, ICWA specialists, and teachers 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:

<b>Date(s) of Contact</b>	<b>Person or Resource Contacted</b>	<b>Title of Agency Name</b>

**4. 3. DOCUMENTS, REPORTS, AND INFORMATION REVIEWED SINCE LAST HEARING:**

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

<b>Date of Document</b>	<b>Document Type/ Title</b>
_____	_____

- |  |  |
|--|--|
| <input type="checkbox"/> <u>NDHHS case plan and court report</u> | <input type="checkbox"/> <u>Probation report</u>                             |
| <input type="checkbox"/> <u>Visitation reports</u>               | <input type="checkbox"/> <u>Medical reports</u>                              |
| <input type="checkbox"/> <u>FCRO report</u>                      | <input type="checkbox"/> <u>CASA report</u>                                  |
| <input type="checkbox"/> <u>Family support reports</u>           | <input type="checkbox"/> <u>Therapy reports</u>                              |
| <input type="checkbox"/> <u>Evaluations/Assessments:</u>         | <input type="checkbox"/> <u>EDN reports</u>                                  |
| <input type="checkbox"/> <u>Psychological</u>                    | <input type="checkbox"/> <u>NE Educational Court reports</u>                 |
| <input type="checkbox"/> <u>Psychiatric</u>                      | <input type="checkbox"/> <u>Independent Living Transition Plan/ Proposal</u> |
| <input type="checkbox"/> <u>Chemical Dependency/</u>             |  |
| <input type="checkbox"/> <u>Substance Abuse</u>                  |  |
| <input type="checkbox"/> <u>Co-occurring evaluations</u>         | <input type="checkbox"/> <u>Other: (describe below)</u>                      |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

\_\_\_\_\_

2. NSFA REQUIREMENTS:

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

- Yes  No      The ~~child has~~ children have been given appropriate chance to participate in extracurricular, enrichment, cultural, and social activities.
- Yes  No      The ~~child's~~ children's rights under the ~~NFSA~~ NSFA have been explained to ~~the child~~ 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:

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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."

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**2. 4. RECOMMENDATIONS:**

Based upon my contact with the child(ren), ~~contact with~~ 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 ~~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.

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

A. Barriers Relating to Parents:

Mother: \_\_\_\_\_  
\_\_\_\_\_

Father(s): \_\_\_\_\_  
\_\_\_\_\_

Other parent(s): \_\_\_\_\_  
\_\_\_\_\_

B. Barriers Relating to Child/Children:

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

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

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

D. Barriers Caused By Other Factors:

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

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As Guardian Ad Litem,

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

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~~I recommend the following additional requirements be court ordered:~~

~~I disagree~~ am not in agreement with the following with the recommendation(s) of made by the Nebraska Department of Health and Human Services (or Juvenile Probation); ~~and instead request that the Court order:~~

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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:

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Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney Name  
Guardian Ad Litem for \_\_\_\_\_, Juvenile

cc.

\_\_\_\_\_, Deputy County Attorney; \_\_\_\_\_, attorney;  
\_\_\_\_\_, DHHS attorney (or \_\_\_\_\_, Probation Officer)

\_\_\_\_\_  
\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**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** \_\_\_\_\_





**2. 1. CONTACT WITH CHILD(REN) SINCE LAST HEARING:**

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

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

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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:

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Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney Name  
Guardian Ad Litem for \_\_\_\_\_, Juvenile

cc.

\_\_\_\_\_, Deputy County Attorney; \_\_\_\_\_, attorney;  
\_\_\_\_\_, DHHS attorney (or \_\_\_\_\_, Probation Officer)

\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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.