

NOTICE OF COMMENT PERIOD

Proposed amendments to Chapter 6, Article 17, Appendix 1, and Chapter 6, Article 14, Appendix 9, were submitted to the Nebraska Supreme Court by Nebraska Supreme Court Commission on Children in the Courts and by the Guardian Ad Litem Subcommittee of the Nebraska Supreme Court Commission on Children in the Courts. Before consideration, the Nebraska Supreme Court directed that the proposed amendments be published for a public comment period.

The Nebraska Supreme Court invites interested persons to comment on the proposed amendments. Anyone desiring to comment on the proposed amendments should do so in writing to the office of the Clerk of the Supreme Court and Court of Appeals, P.O. Box 98910, Lincoln, Nebraska 68509-8910, or via email to wendy.wussow@nebraska.gov, with the rule number listed in the subject line, no later than November 1, 2022.

The full text of the proposed amendments is available below, or a paper copy may be obtained by telephoning the office of the Clerk of the Supreme Court and Court of Appeals at (402) 471-3731.

Nebraska State Court Form REQUIRED APPENDIX 1 Ch.6 Art. 17 Rev. 06/2016 Document # _____	GUARDIAN AD LITEM REPORT	
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APPENDIX 1
 IN THE SEPARATE JUVENILE COURT OF _____ COUNTY, NEBRASKA

THE STATE OF NEBRASKA
 IN THE INTEREST OF

Case Number: _____

A JUVENILE(S).

**GUARDIAN AD LITEM REPORT
AND RECOMMENDATIONS**

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):

Date(s) of Contact	Child Contacted	Type of Contact & by Whom (In-person, Phone, Other)

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:

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

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:

Date of Document	Document Type/ Title
_____	_____

- | | |
|--|--|
| <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:

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."

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:

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

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):

~~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:~~

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:

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** _____

Nebraska State Court Form REQUIRED Ch.6, Art.14, App.9 Eff. 01/2022 Neb. Ct. R. § 6-1468(E)(3)(c)	GUARDIAN AD LITEM REPORT	
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APPENDIX 9

IN THE COUNTY COURT OF COUNTY, NEBRASKA

THE STATE OF NEBRASKA
 IN THE INTEREST OF

 A JUVENILE(S).

Case Number: _____

**GUARDIAN AD LITEM REPORT
 AND RECOMMENDATIONS**

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):

Date(s) of Contact	Child Contacted	Type of Contact & by Whom (In-person, Phone, Other)

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:

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

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:

Date of Document	Document Type/ Title
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|--|--|
| <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:

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."

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:

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

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):

~~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:~~

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:

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;