

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

THE STATE OF NEBRASKA,) Case No. JV _____
IN THE INTEREST OF:)
) REPORT OF GUARDIAN AD LITEM
)
_____,)
a minor child under 18 years of age.)

PLEASE NOTE: THE INFORMATION TO BE PROVIDED IN THIS FORM REPRESENTS THE MINIMUM OF INFORMATION EXPECTED TO BE REPORTED TO THE COURT BY THE GUARDIAN AD LITEM AT EACH HEARING. PLEASE USE ADDITIONAL PAGES AS NECESSARY.

Now on this _____ day of _____, 201____, the Guardian Ad Litem (GAL) appointed by this Court on _____, 201____ submits the following report. This report is prepared for: (___) disposition (___) review (___) other hearing, scheduled for _____, 201____; and, unless this is the initial report, the following information was collected since my last report:

1. Identifying Information:

	<u>Name</u>	<u>Age</u>	<u>Placement</u>
Child 1	_____	---	_____
Child 2	_____	---	_____
Child 3	_____	---	_____

Child 1
Mother: _____
Father: _____
Legal Custodian: _____
Siblings: _____

Child 2
Mother: _____
Father: _____
Legal Custodian: _____
Siblings: _____

Child 3
Mother: _____
Father: _____
Legal Custodian: _____
Siblings: _____

If the Juvenile is not in custody of both parents, what do you understand regarding the visitation plan for non-custodial parent(s) and siblings?

2. I have visited with the Juvenile on the following dates and at the following locations. The GAL is expected to visit the Juvenile at his/her placement location. If the visits were not in person, please explain:

<u>Date/Child #</u>	<u>Location</u>	<u>Comments/Concerns</u>
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(a) _____

(b) _____

(c) _____

3. It is expected that a GAL will consult with individuals involved with the Juvenile, such as parents, siblings, other involved family members, foster parents, caseworkers, CASA volunteers, probation officers, teachers, and others. The following pertains to those consultations:

<u>Date/Child #</u>	<u>Name/Title</u>	<u>Comments/Concerns</u>
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(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g) _____

4. It is expected that a GAL will consult with experts involved with the Juvenile, such as physicians, psychologists, counselors, and others. The following pertains to those consultations:

Date/Child # Name/Title Comments/Concerns

(a) _____

(b) _____

(c) _____

5. It is expected that a GAL will review reports and records created by others regarding the Juvenile, such as Foster Care Review Board Recommendations, school reports/records, evaluations/medical reports, predisposition/OJS reports, psychological reports, law enforcement reports, and others. With the exception of NDHHS case plan and court reports, which are covered in section 6, the following pertains to those reports and records:

Date of Report Author Name & Title/Child # Comments/Concerns

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

6. The Case Plan and Court Report of the Nebraska Department of Health and Human Services (NDHHS) dated _____ written by _____ concerning child #(s) _____ was received by the GAL on _____ **(Date or "NA" if not received. If not received, skip to Section 7. Use child # in blanks.)**

(___) The Case Plan and Court Report is not in the best interests of the Juvenile, and the plan should be modified as follows:

(___) The Case Plan and Court Report should be approved and adopted without changes/additions

(___) The Case Plan and Court Report should be approved and adopted with the following changes:

The parents should be ordered to comply with the following additional specific treatments or goals:

The Juvenile should be ordered to comply with the following additional specific treatments or goals:

7. I recommend the Juvenile undergo the following evaluations: () medical () psychological () other

I recommend the parents be ordered to comply with the following specific treatments or goals:

I recommend the Juvenile be ordered to comply with the following specific treatments or goals:

8. What do you understand to be the Juvenile's permanency objective?

<u>Child #</u>	<u>Permanency Objective</u>	<u>Current Date of Achievement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

What problems, if any, are keeping this objective from succeeding? (Use child #s where applicable.)

If not best interests, what in your opinion should be the permanency objective and date of achievement?

<u>Child #</u>	<u>Permanency Objective</u>	<u>Date of Achievement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. I recommend the following disposition for the Juvenile: (Use child # in blanks.)

() Placed in custody of parent/guardian subject to supervision by () NDHHS () Probation.

() Placed custody control of NDHHS for placement in home of parent

() Placement in the family home would be contrary to the health, safety, or welfare of the Juvenile; that reasonable efforts have been made to prevent or eliminate the need for removal of the Juvenile from the parental home and it is not in the Juvenile's best interests to be placed in the parental home; reasonable efforts having failed, the Juvenile should be placed in the custody and control of NDHHS for placement out of home at: () foster home () Group Home () Therapeutic Foster Care () Treatment Group Home () Residential Treatment () other _____

10. I intend to file the following legal action on behalf of the Juvenile:

11. What needs of the Juvenile are not being met? (Use **child #s** where applicable.)

12. I have the following comments and concerns, in the Juvenile’s best interests:

I AFFIRM THAT I HAVE READ AND UNDERSTAND THE NEBRASKA SUPREME COURT GUIDELINES FOR GUARDIANS AD LITEM FOR JUVENILES IN JUVENILE COURT PROCEEDINGS AND THAT THE FACTS CONTAINED IN THIS REPORT INCLUDE INFORMATION OBTAINED FROM MY OWN INDEPENDENT INVESTIGATION.

Date:

Guardian Ad Litem:
