

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS

TO:	FROM:
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Child's Name:	Birthdate:
Mother's Name:	Father's Name:

SECTION II - PLACEMENT STATUS

<input type="checkbox"/> Initial Placement of Child in Receiving State	Date Child Placed in Receiving State:
Name of Resource:	
Address:	
Type of Care:	

<input type="checkbox"/> Placement Change	Effective Date of Change:
Name of Resource:	
Address:	
Type of Care:	

SECTION III – COMPACT PLACEMENT TERMINATION

<input type="checkbox"/> Adoption Finalized	<input type="checkbox"/> In Sending State	<input type="checkbox"/> In Receiving State	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Child Reached Majority/Legally Emancipated			
<input type="checkbox"/> Legal Custody Returned to Parent(s)		<input type="checkbox"/> Court Order Attached	
<input type="checkbox"/> Legal Custody Given to Relative		<input type="checkbox"/> Court Order Attached	

Name:	Relationship:
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<input type="checkbox"/> Treatment Completed
<input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State
<input type="checkbox"/> Unilateral Termination
<input type="checkbox"/> Child Returned to Sending State
<input type="checkbox"/> Child Has Moved to Another State
<input type="checkbox"/> Proposed Placement Request Withdrawn
Name of Placement Resource:
<input type="checkbox"/> Approved Resource Will Not Be Used for Placement
Name of Placement:
<input type="checkbox"/> Other (Specify):

Date of Termination:

SECTION IV - SIGNATURES

Person/Agency Supplying Information:	Date:
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Compact Administrator, Deputy or Alternate:	Date:
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DISTRIBUTION (Complete four (4) copies of this form):

- Sending Agency retains a (1) copy and forwards completed original plus three (3) copies to:
- Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency