

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

TO:

From:

SECTION I: IDENTIFYING INFORMATION

Child's Name: _____ Birthdate: _____

Mother's Name: _____ Father's Name: _____

Initial Placement of Child in Receiving State **Date Child Placed in Receiving State:** _____

Name of Resource: _____

Address: _____

Type of Care: _____

Placement Change Effective Date of Change: _____

Name of Resource: _____

Address: _____

Type of Care: _____

SECTION III: COMPACT PLACEMENT TERMINATION

Adoption Finalized: In Sending State In Receiving State Court Order Attached

Child Reached Majority/Legally Emancipated

Legal Custody Returned to Parent(s) Court Order Attached

Legal Custody Given to Relative Court Order Attached

Name: _____ Relationship: _____

Treatment Completed

Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State

Unilateral Termination

Child Returned to Sending State

Child Has Moved to Another State

Proposed Placement Request Withdrawn

Name of Placement Resource: _____

Approved Resource Will Not Be Used for Placement

Name of Approved Placement: _____

Other (Specify): _____

Date of Termination: _____

Person/Agency Supplying Information: _____ Date: _____

Compact Administrator, Deputy or Alternate: _____ Date: _____

DISTRIBUTION (Compete Four (4) copies of this form):

- Sending Agency retains one (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