



**New Jersey Judiciary
Superior Court - Family Division
Voluntary Placement**

County of _____
Review Date _____
Board # _____

Review Board Recommendation to the Judge

Review Type: Status Special Permanency

Child		Date of Birth	Age	Division Case Manager / Supervisor
NJSpirit Participant #:				
Docket Numbers: FN- _____ FC- _____	FN- Next FN court date	FG- Next FG court date	FJ- FF- Next FJ-FF court date	
Date of Current Placement	Repeated Placement <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Family Summary / Case Plan / Court Report -- Out-of-Home	
Authority for Placement <input type="checkbox"/> Residential <input type="checkbox"/> Independent Living	If yes, Date of original placement			
Division Placement Type (Short Term Plan) <input type="checkbox"/> Resource Home – Relative – Family Friend <input type="checkbox"/> Resource Home – Non-Relative <input type="checkbox"/> Group Home <input type="checkbox"/> Institution (Med / Rehab / Psych) <input type="checkbox"/> Residential Facility (Educ / Treatment) <input type="checkbox"/> Other (explain) _____		Division Long Term Goal <input type="checkbox"/> Reunification w/ Parent / Guardian <input type="checkbox"/> Permanency w/ Relative / Family Friend <input type="checkbox"/> Other		
		If the Long Term Goal is Adoption: <input type="checkbox"/> Relative <input type="checkbox"/> Selected Home <input type="checkbox"/> Resource Parent(s) <input type="checkbox"/> Undetermined		
1. Agency placement plan for this child is consistent with <u>N.J.S.A. 30:4C-55, -58, and -60.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Current goal is <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Current plan is <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable				
3. Date the Division proposed goal / plan is to be achieved: _____ Date satisfies Review Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Review Board goal date: _____				
4. Is there a current health form ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Is there a current education form ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6a. Is there an independent living assessment ? (if child is over 14 yrs., attach documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No				
6b. Is there a current independent living plan ? (if child is over 16 yrs., attach documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No				
After Reviewing All Information Presented, the CPR Review Board Recommends the Following (choose only one):				
<input type="checkbox"/> A. Continued placement of the child outside of the home is not in the child's best interest and the child should be returned home within two (2) weeks and the Division or designated agency, as appropriate, shall provide reasonable and available services which are necessary to implement the return home.				
<input type="checkbox"/> B. Continued temporary placement outside of the home is in the child's best interest until the long-term goal is achieved.				
<input type="checkbox"/> C. Continued temporary placement outside of the home is in the child's best interest, but there is not sufficient information for the board to make a recommendation, therefore, the board requests the court to order the Division or designated agency, as appropriate, to provide the needed information within two (2) weeks of the Court Order.				
In addition, we further request: (choose one or more)				
<input type="checkbox"/> 1. Sufficient information to be provided within two (2) weeks Date: _____		<input type="checkbox"/> 4. Summary Hearing		
<input type="checkbox"/> 2. Case plan to be modified within thirty (30) days Date: _____		<input type="checkbox"/> 5. CASA assigned		
<input type="checkbox"/> 3. New plan and goal to be reviewed within thirty (30) days		<input type="checkbox"/> 6. Red Flag - special conditions exist		
		<input type="checkbox"/> 7. Other _____		

Voluntary Placement – CPR Board Recommendation

Child's Name: _____ Docket #: FC- _____ Review Date: _____

Appearances:

- Parent Parent Resource Family(s) Division Supervisor Division Caseworker
 Other _____

Board members attending review (initials only)

- Chairperson _____ Board Member _____ Board Member _____ Board Member _____ Board Member _____

Original reason(s) for placement / Case Summary

Reunification / Risk to child

- The conditions / circumstances leading to the removal of the child have improved and it is safe to return the child home at this time or in the near future for the reasons set forth here: _____
 It is **NOT** and will **NOT** be safe to return the child home in the foreseeable future because:

Reasonable Efforts

Has the Division provided **reasonable efforts to finalize the permanent plan** including reunification where appropriate? Yes No

Explain:

Compliance

- One or more parties are complying with the Division's plan (explanation) _____
 One or more parties are not complying with the Division's plan (explanation) _____

Board Recommends & Additional Comments:

Termination of Parental Rights: **(Permanency Reviews Only)**

- Termination of Parental Rights was granted on the date listed below:
Parent _____ on _____, 20____
Parent _____ on _____, 20____
- Termination of Parental Rights to be followed by Adoption is an appropriate plan because:

- This case is an **exception** to the requirement to file Termination of Parental Rights because:
 The child is living with a relative
 The Division has not provided necessary services to effect family reunification
 The following compelling reasons exist in this case:

 Permanent reason **OR** until this date _____