



New Jersey Judiciary
Family Practice Division

Children in Court (CIC) Case File Review Form

FC Docket Number	Local Office	Date of File Review
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Child's Race	Child's Ethnicity <input type="checkbox"/> Hispanic (Y) <input type="checkbox"/> Non-Hispanic (N)	Child's Age
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1. How long has this child been in placement? _____
a. How many placements has this child had? _____

2. What is the current permanency goal for this child? (Additionally, have there been goal changes? If so, what were they, when did the goal change, and how many goal changes? If child is in Independent Living, what age did they enter the system and what was/were prior goals? What happened?)

3. What are the barriers to permanency? (check all that apply in **each** category)

a. Child-Related Barriers:

- | | |
|--|--|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Child is non-compliant w/services |
| <input type="checkbox"/> Behavioral health(e.g. running away, trafficking) | <input type="checkbox"/> Child refused services |
| <input type="checkbox"/> Sexualized behaviors (including Megan's Law) | <input type="checkbox"/> Child incarcerated/criminal issues |
| <input type="checkbox"/> Lack of appropriate treatment | <input type="checkbox"/> Age in relation to available plan |
| <input type="checkbox"/> Child is medically fragile | <input type="checkbox"/> History of trauma |
| <input type="checkbox"/> Cognitive abilities (e.g., DD, autism) | <input type="checkbox"/> History of substance abuse |
| <input type="checkbox"/> Does not want to be adopted | <input type="checkbox"/> Lack of independent living services |
| <input type="checkbox"/> Lack of service in child's language | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Refused reunification | |

b. Placement or Adoption Barriers:

- | | |
|--|--|
| <input type="checkbox"/> Relatives ruled out | <input type="checkbox"/> Lack of relatives (none exist/interested/capable) |
| <input type="checkbox"/> Waiver | <input type="checkbox"/> Licensing issues |
| <input type="checkbox"/> Adoption consent package | <input type="checkbox"/> Lack of adoptive home |
| <input type="checkbox"/> Multiple placements | <input type="checkbox"/> Failed placement(s) |
| <input type="checkbox"/> Awaiting adoption date | <input type="checkbox"/> Resource parent unwilling to commit to long term |
| <input type="checkbox"/> Failed Identified Surrender | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> ICPC | <input type="checkbox"/> Failed ICPC |
| <input type="checkbox"/> Failed adoption | <input type="checkbox"/> Other: _____ |

c. Parent Barriers:

- | | |
|--|--|
| <input type="checkbox"/> Incarceration (one/both parents) | <input type="checkbox"/> Pro se/no counsel |
| <input type="checkbox"/> Father not engaged early/at all | <input type="checkbox"/> Lack of services/service delays |
| <input type="checkbox"/> In treatment/needs to complete | <input type="checkbox"/> Non-compliant w/treatment/un-remediated |
| <input type="checkbox"/> Lack of employment | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Lack of housing (stable/at all) | <input type="checkbox"/> Deported/moved/out of country |
| <input type="checkbox"/> Refused reunification | <input type="checkbox"/> Paternity delays/issues |
| <input type="checkbox"/> One/both parents deceased/missing | <input type="checkbox"/> 5A delays |
| <input type="checkbox"/> COVID19 related (explain): _____ | <input type="checkbox"/> Other: _____ |

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3d. Court-Related Barriers:

- | | |
|--|---|
| <input type="checkbox"/> Case on appeal/length of appeals | <input type="checkbox"/> Case remanded from Appellate(explain below) |
| <input type="checkbox"/> Case went from FG to FN (possibly back to FG) | <input type="checkbox"/> Litigation delays (e.g., service, adjourns, FG delays) |
| <input type="checkbox"/> Permanency extensions (note # _____) | <input type="checkbox"/> Adjourments: # _____ |
| <input type="checkbox"/> KLG withdrawn | <input type="checkbox"/> KLG contested |
| <input type="checkbox"/> KLG failed | <input type="checkbox"/> KLG pending |
| <input type="checkbox"/> Reunification efforts ongoing | <input type="checkbox"/> Court rejected Division's plan for TPR: # _____ |
| <input type="checkbox"/> # of judges on the case (enter # _____) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> COVID19 related (explain):
_____ | |

4. What are the recommendations to overcome the barriers to permanency? (enter all, please bullet and be specific, including who is responsible, and deadline for completion)