

# The Blue Sheet

<input type="checkbox"/> Drug Screen(s) Ordered
<input type="checkbox"/> Police Check(s) Needed
<input type="checkbox"/> Educational Issues
<input type="checkbox"/> Sib Split at ESCH
<input type="checkbox"/> VOICES (child 10 yrs or older)
<input type="checkbox"/> A Child Will Change Schools

Case # JC: \_\_\_\_\_ Magistrate: \_\_\_\_\_ Date of ESCH: \_\_\_\_\_  
 Prior GAL: \_\_\_\_\_ ESCH GAL: \_\_\_\_\_  Check if **Mediation** is Scheduled

Child #1 Name: _____	Dob: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> P/Abuse	<input type="checkbox"/> S/Abuse	<input type="checkbox"/> Neg	<input type="checkbox"/> Dep
Child #2 Name: _____	Dob: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> P/Abuse	<input type="checkbox"/> S/Abuse	<input type="checkbox"/> Neg	<input type="checkbox"/> Dep
Child #3 Name: _____	Dob: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> P/Abuse	<input type="checkbox"/> S/Abuse	<input type="checkbox"/> Neg	<input type="checkbox"/> Dep
Child #4 Name: _____	Dob: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> P/Abuse	<input type="checkbox"/> S/Abuse	<input type="checkbox"/> Neg	<input type="checkbox"/> Dep
Child #5 Name: _____	Dob: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> P/Abuse	<input type="checkbox"/> S/Abuse	<input type="checkbox"/> Neg	<input type="checkbox"/> Dep
Child #6 Name: _____	Dob: _____	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> P/Abuse	<input type="checkbox"/> S/Abuse	<input type="checkbox"/> Neg	<input type="checkbox"/> Dep

Additional Sibs Not Listed on the Complaint: Reason Additional Child is NOT Captioned on the Complaint:

Sib #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Sib #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Present at ESCH** (fill in all names; then check box if person was present at the ESCH):

CW: _____ <input type="checkbox"/>	LCCS Atty: _____ <input type="checkbox"/>	CW #2: _____ <input type="checkbox"/>
Mo: _____ <input type="checkbox"/>	Mo's Atty: _____ <input type="checkbox"/>	PGM: _____ <input type="checkbox"/>
Fa #1: _____ <input type="checkbox"/>	Fa #1 Atty: _____ <input type="checkbox"/>	PGF: _____ <input type="checkbox"/>
<input type="checkbox"/> Legal <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown	MGF: _____ <input type="checkbox"/>	Legal Cust: _____ <input type="checkbox"/>
Fa Of: _____	MGM: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Fa #2: _____ <input type="checkbox"/>	Fa #2 Atty: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
<input type="checkbox"/> Legal <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown	Other: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
Fa Of: _____	Child's Attorney: _____ <input type="checkbox"/>	<input type="checkbox"/> Child's Atty also appointed as GAL
<input type="checkbox"/> CASA or Atty/GAL Appointed by Bench (name): _____		

**Notes re: Persons Present at ESCH:**

Date of ESCH: \_\_\_\_\_

Case # JC: \_\_\_\_\_

**Proposed Legal Custodian or Placement:**

Name #1: \_\_\_\_\_ For (child(ren): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  LCCS History?  Police Record?

Preliminary Homestudy Completed?  Available at ESCH  Police Checks on Adults in Home Completed?  Available at ESCH

Police Checks Missing on: Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Comments:

Name #2: \_\_\_\_\_ For (name child(ren): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  LCCS History?  Police Record?

Preliminary Homestudy Completed?  Available at ESCH  Police Checks on Adults in Home Completed?  Available at ESCH

Police Checks Missing on: Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Comments:

Name #3: \_\_\_\_\_ For (name child(ren): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  LCCS History?  Police Record?

Preliminary Homestudy Completed?  Available at ESCH  Police Checks on Adults in Home Completed?  Available at ESCH

Police Checks Missing on: Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Comments:

**Case Settled by:**  Agreement of Parties  Hearing

Mother Agreed?  Yes  No  Not present

Father #1 Agreed?  Yes  No  Not present

Father #2 Agreed?  Yes  No  Not present

Father #3 Agreed?  Yes  No  Not present

Legal Cust Agreed?  Yes  No  Not present

Other Agreed?  Yes  No  Not present

Parents/Sig Other Live Together?  Yes  No  Unknown

Names of couple/partners living together: \_\_\_\_\_

Name Other Party: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Date of ESCH: \_\_\_\_\_

Case # JC: \_\_\_\_\_

**LCCS History** with any Parent/Legal Custodian on this Case (*ask CW off or on the record*)?  Yes  No Year Hx Began: \_\_\_\_\_

Comments re: prior History (*this should include any history of referrals, non-custody cases opened at the Agency only, prior court cases, or involvement with CPS in any other county of state*):

Date LCCS first received this case? \_\_\_\_\_  Alternative Response?  Safety Plan?  Safety Plan Violated?

Case entered system via:  Unknown Person Referral  Open Case  Hospital  Police  Other: \_\_\_\_\_

**Involved in Case:**  Drugs  Alcohol  Mental Health  DV  Deaf/Hard of Hrg  Homeless  
 Immigrants/Refugees  LGBTQ  Cognitive, Physical or Mental Disability  Limited English

**Children's Race:**  Caucasian  African American/Bi Racial (AA/Cauc only)  Latino  Asian  Native American  
 Multi Racial (*name child(ren) and racial mix*): \_\_\_\_\_

**Special Needs of Child(ren):**

**Where Are The Children Placed?**

All Children are placed in the same home and same type of placement (*see Child #1 below for placement information*)

Note: \_\_\_\_\_

**Child #1:** \_\_\_\_\_  Foster Care  Relative Care  Free Home Other: \_\_\_\_\_

Placement Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Child #2:** \_\_\_\_\_  Foster Care  Relative Care  Free Home Other: \_\_\_\_\_

Placement Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Child #3:** \_\_\_\_\_  Foster Care  Relative Care  Free Home Other: \_\_\_\_\_

Placement Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Child #4:** \_\_\_\_\_  Foster Care  Relative Care  Free Home Other: \_\_\_\_\_

Placement Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Child #5:** \_\_\_\_\_  Foster Care  Relative Care  Free Home Other: \_\_\_\_\_

Placement Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Child #6:** \_\_\_\_\_  Foster Care  Relative Care  Free Home Other: \_\_\_\_\_

Placement Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of ESCH: \_\_\_\_\_

Case # JC: \_\_\_\_\_

**Magistrate's Issued Orders from ESCH:**

Temporary Custody to LCCS                       Temporary Custody to a Relative                       Temporary Custody to a NON Relative

Custody to Parent                       Protective Supervision Order Issued                       Other: \_\_\_\_\_

**Additional Orders from Bench:**

CDT Drug Screen TODAY for: \_\_\_\_\_                       CDT Drug Screen TODAY for: \_\_\_\_\_

Dual Diag Assessment for: \_\_\_\_\_

Sub Abuse Assessment for: \_\_\_\_\_

Diagnostic Assessment for: \_\_\_\_\_

Counseling for: \_\_\_\_\_

*Counseling at CAC or Cullen Center for Trauma as soon as possible or* \_\_\_\_\_

Parties will appear at CSEA for paternity testing: \_\_\_\_\_

Parties will drop drug screen at request of GAL or Case Worker: \_\_\_\_\_

**NO CONTACT** Order between: **Name:** \_\_\_\_\_ & \_\_\_\_\_ & \_\_\_\_\_

Order: \_\_\_\_\_

Order: \_\_\_\_\_

Order: \_\_\_\_\_

Order: \_\_\_\_\_

Order: \_\_\_\_\_

**Visitation Orders:**

Visitation level established and/or changed upon agreement of GAL and case worker

Mother's Visitation:  LCCS Level 1     LCCS Level 2    or     Supervised at: \_\_\_\_\_ By: \_\_\_\_\_

Father #1 Visitation:  LCCS Level 1     LCCS Level 2    or     Supervised at: \_\_\_\_\_ By: \_\_\_\_\_

Father #2 Visitation:  LCCS Level 1     LCCS Level 2    or     Supervised at: \_\_\_\_\_ By: \_\_\_\_\_

Father #3 Visitation:  LCCS Level 1     LCCS Level 2    or     Supervised at: \_\_\_\_\_ By: \_\_\_\_\_

Legal Cust Visitation:  LCCS Level 1     LCCS Level 2    or     Supervised at: \_\_\_\_\_ By: \_\_\_\_\_

Other's Visitation:  LCCS Level 1     LCCS Level 2    or     Supervised at: \_\_\_\_\_ By: \_\_\_\_\_

**Mother and Father or Significant Other will NOT visit together**

Visitation Comments:

Date of ESCH: \_\_\_\_\_

Case # JC: \_\_\_\_\_

**Contact Info:**

**Name**

**Current Address**

**Telephone**

Mo: \_\_\_\_\_

Mo: \_\_\_\_\_

Phone: \_\_\_\_\_

Fa #1: \_\_\_\_\_

Fa #1: \_\_\_\_\_

Phone: \_\_\_\_\_

Fa #2: \_\_\_\_\_

Fa #2: \_\_\_\_\_

Phone: \_\_\_\_\_

Fa #3: \_\_\_\_\_

Fa #3: \_\_\_\_\_

Phone: \_\_\_\_\_

Notes: