



# The Blue Sheet

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

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

CW: \_\_\_\_\_ LCCS Atty: \_\_\_\_\_ CW #2: \_\_\_\_\_  
 Mo: \_\_\_\_\_ Mo's Atty: \_\_\_\_\_ Mo's Phone: \_\_\_\_\_  
 Mo's Address: \_\_\_\_\_

Fa-1: \_\_\_\_\_ Fa-1 Atty: \_\_\_\_\_ Fa-1 Phone: \_\_\_\_\_  
 Legal  Alleged  Unknown  
 Fa Of: \_\_\_\_\_ Fa-1 Address: \_\_\_\_\_

Fa-2: \_\_\_\_\_ Fa-2 Atty: \_\_\_\_\_ Fa-2 Phone: \_\_\_\_\_  
 Legal Alleged Unknown  
 Fa Of: \_\_\_\_\_ Fa-2 Address: \_\_\_\_\_

Fa-3: \_\_\_\_\_ Fa-3 Atty: \_\_\_\_\_ Fa-3 Phone: \_\_\_\_\_  
 Legal Alleged Unknown  
 Fa Of: \_\_\_\_\_ Fa-3 Address: \_\_\_\_\_

Fa-4: \_\_\_\_\_ Fa-4 Atty: \_\_\_\_\_ Fa-4 Phone: \_\_\_\_\_  
 Legal Alleged Unknown  
 Fa Of: \_\_\_\_\_ Fa-4 Address: \_\_\_\_\_

Fa-5: \_\_\_\_\_ Fa-5 Atty: \_\_\_\_\_ Fa-5 Phone: \_\_\_\_\_  
 Legal Alleged Unknown  
 Fa Of: \_\_\_\_\_ Fa-5 Address: \_\_\_\_\_

Legal Cust: \_\_\_\_\_ LC Atty: \_\_\_\_\_ LC Phone: \_\_\_\_\_  
 MGM: \_\_\_\_\_ MGF: \_\_\_\_\_ PGM: \_\_\_\_\_ PGF: \_\_\_\_\_

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

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

**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

Parents/Sig Other Live Together?  Yes  No  Unknown

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

Father #3 Agreed?  Yes  No  Not present

Father #4 Agreed?  Yes  No  Not present

Father #5 Agreed?  Yes  No  Not present

Legal Cus Agreed?  Yes  No  Not present

**Involved in Case:**  Drugs  Alcohol  Opiates  Heroin  LGBTQ  DV  Deaf/Hard of Hrg  Homeless

Human Trafficking  Immigrants/Refugees  Mental Health  Cognitive, Physical or Mental Disability  Limited English

**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 #1's Race:  African American  Asian  Caucasian  Multi-Racial  Native American Child #1's Ethnic Origin:  Hispanic  Non-Hispanic

Special Needs: \_\_\_\_\_

Current School: \_\_\_\_\_ Will change school  Has an IEP  VOICES

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

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

Child #2's Race:  African American  Asian  Caucasian  Multi-Racial  Native American Child #2's Ethnic Origin:  Hispanic  Non-Hispanic

Special Needs: \_\_\_\_\_

Current School: \_\_\_\_\_ Will change school  Has an IEP  VOICES

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

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

Child #3's Race:  African American  Asian  Caucasian  Multi-Racial  Native American Child #3's Ethnic Origin:  Hispanic  Non-Hispanic

Special Needs: \_\_\_\_\_

Current School: \_\_\_\_\_ Will change school  Has an IEP  VOICES

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

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

Child #4's Race:  African American  Asian  Caucasian  Multi-Racial  Native American Child #4's Ethnic Origin:  Hispanic  Non-Hispanic

Special Needs: \_\_\_\_\_

Current School: \_\_\_\_\_ Will change school  Has an IEP  VOICES

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

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

Child #5's Race:  African American  Asian  Caucasian  Multi-Racial  Native American Child #5's Ethnic Origin:  Hispanic  Non-Hispanic

Special Needs: \_\_\_\_\_

Current School: \_\_\_\_\_ Will change school  Has an IEP  VOICES

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

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

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

Guardian ad Litem

Atty/Guardian ad Litem

- 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: \_\_\_\_\_
- Father # 4 Visitation:  LCCS Level 1     LCCS Level 2    or     Supervised at: \_\_\_\_\_ By: \_\_\_\_\_
- Father # 5 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: \_\_\_\_\_

**Protective Supervision**

- 1. Did LCCS request protective supervision:            Yes    No
- 2. Were additional protective orders requested:    Yes    No  
If yes, what orders were requested: \_\_\_\_\_
- 3. Did the GAL agree with protective supervision:    Yes    No
- 4. Did the GAL request added protective orders:    Yes    No  
If yes, what additional orders were requested: \_\_\_\_\_
- 5. Did the Court grant protective supervision:        Yes    No
- 6. Did the Court order additional protective orders:    Yes    No

Notes: