SPECIFIC STEPS

JD-JM-106 Rev. 1-22 C.G.S. §§ 46b-129(b), (d) & (j); P.A. 21-15; P.B. § 33a-6

cooperation and progress toward identified goals.

This form is available in other language(s).



Address of court Superior Court for Juvenile Matters at	Docket r	Docket number(s)							
Name(s) of child(ren)	_								
, ,									
Name of parent			Name of parent	t		1			
Name of guardian (If applicable)									
realite of guardian (in applicable)		Current disposition							
DCF worker							Phone		
Name of CID manitar	Dhana	LNI	and of court appoint	- d C	· . ordion Adli	tom	Dhone		
Name of CIP monitor	Phone	l Na	ame of court-appoint	eu G	iuardian Ad Li	tem	Phone		
Specific Steps		<u> </u>							
•	of Obildren	and Familiae (DC	NE) the Detition	:	. .				
The Commissioner of the Department Name	oi Children	and Families (DC	r), the Petition		ationship	and			
					Parent				
(the Respondent), are instructed to co	mply with the	e following steps	for the Respond	dent	t to safely r	etain or re	egain the custody of the child(ren		
named above. (General Statutes sect	ion 46b-129(j) and/or Practice	Book section 3	3a-	6.)				
The Respondent is ordered to:									
Keep all appointments set by DC	F. the child(r	en)'s attornev. ar	nd guardian ad l	item	and coop	erate with	home visits, announced or		
unannounced, virtual or in-persor		o, o autoo,, a.	.a gaaraan aa .		. аа соср				
Let DCF, your attorney, the child(
overnights. Inform each of any ch					•				
Immediately let DCF know about safety of the child(ren).	any changes	s in the make-up	or the nousehor	u io	COMMITM UN	at the cha	ange does not nurt the health and		
Take part in counseling and make	e progress to	ward the identifie	ed treatment go	als:					
	ndividual	Fa	mily						
Goals (specify):	roforred by [OCE and account	ato with thom						
Accept in-home support services Submit to a substance abuse eva		=		ut tr	eatment ir	ncludina ir	natient treatment if necessary		
aftercare and relapse prevention.		onow the recent	nondations abo	u t ti	oatmont, ii	ioidding ii	ipation trouble in noodsary,		
Submit to random drug testing; the			•						
Not use illegal drugs or prescription			u, or abuse alco	hol	or medicin	ie.			
Cooperate with court ordered eva		•							
Get and/or cooperate with a restr	-	-	other appropria	ate s	safety plan	approved	I by DCF to avoid domestic		
violence incidents.									
Attend and complete an appropria									
<u> </u>	Address intimate partner violence/domestic violence with a qualified therapist. Not break the law, which could impact your ability to care for your child(ren). If involved with the criminal justice system, comply with								
any criminal court orders and follo				11170	orved with	uic ciiiiii	ar justice system, compry with		
Take care of the child(ren)'s physical, educational, medical, or emotional needs, including keeping the child(ren)'s appointments with his/her/their medical, psychological, psychiatric, or educational providers.									
Cooperate with the child(ren)'s th			-	ee.					
Make all necessary child-care arr caretaker(s).	angements t	o make sure the	child(ren) is/are	pro	perly supe	rvised an	d cared for by appropriate		
If the case is under protective supervision, the child(ren) may not be taken out of the State of Connecticut overnight unless the Respondent has permission from DCF or the court.									
If the case is under an order of te the State of Connecticut.	If the case is under an order of temporary custody or commitment, visit the child(ren) as often as permitted and keep the child(ren) in the State of Connecticut.								
	Within 30 days of this order, and at any time after that, tell DCF in writing the name, address, family relationship and birth date of any person(s) who you would like the DCF to investigate and consider as a placement resource for the child(ren).								
Tell DCF the names and address	-								
	Sign releases allowing DCF to communicate with service providers to make service referrals and/or to check on your attendance,								

	Sign releases allowing your child(re and/or educational records.	n)'s attorney and guardian ad litem to	revie	w your child((ren)'s medical, psychological, psychiatric
		rs recommended for parenting/individu or intimate partner violence/domestic v			ng, in-home support services, substance
_					
	Other:				
DCF	is Ordered to:				
2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Monitor the welfare of the child(ren) inform the parent of appropriate ser Provide case management services Develop and review periodic treatmer. Refer the Respondent to appropriate compliance. Provide the Respondent and the Resuch notices for the court. Provide the attorneys, upon request within a reasonable period of time. Implement reasonable recommendate Within 30 days of the receipt of writt the Respondent has properly identification. Within 30 days, complete the invessing a domestic violence case, assist Advise the parties of any change in Provide releases to the child(ren)'s educational records if the child(ren)	rvices available to them or their child(rect.) ent/permanency plan in collaboration was services (see above) and, as otherwas spondent's attorney with written, dated at with copies of reports received from the ations made by service providers and/or en notice by the Respondent, complet fied as a placement resource for the old tigation and assessment of all relative (in developing, implementing, and more the child(ren)'s placement including he attorney and guardian ad litem to review is/are committed. In writing, within a reasonable period of one number and e-mail address.	is/her/en) in with the rise ned notice the cor evalue the hild (refers) identification in the reward of the reward	a timely man ne Responde eeded, monit ce of all refer espondent an illuators in thi investigation en). entified as a p g an approprializations, rese e child(ren)'s	ent. for the Respondent's progress and frals to service providers and retain copies of find the child(ren)'s third-party providers fis matter or obtain relief from the court. fin and consideration of all person(s) whom final placement resource for the child(ren). friate safety plan.
Aut	horized CIP Monitor Contacts:				
	DCF Worker	Counselor or Clinic			
	Foster Parent or Institution	Child's/Youth's School		Other:	
A p	proval and Order The court approves and orders the final specific steps.	above steps as preliminary specific s	teps.	This order s	shall remain in effect until the court orders
	Signed (Judge)				Date signed
Or	The court approves and orders the Signed (Judge)	e above steps as final specific steps th	at are	part of the c	disposition of the above matter. Date signed
spe incr ado	cific steps the existing order or or rease the chance that a petition n ption. I understand that I should o	disposition may be changed. I und nay be filed to terminate my parent	lersta tal rig	ind that if I jhts perman	understand that if I do not follow these do not follow these specific steps it will nently so that my child may be placed in n reaching any of these specific steps.
Signe	ed (Respondent)				Date signed
hav and	e read these preliminary or final ordered by the court.				nting the petitioner, I acknowledge that I with the above specific steps approved
Signe	ed (Attorney)				Date signed