

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
REPORT ON CHILD'S PLACEMENT STATUS

|                                                                                                                                                                                 |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| TO:                                                                                                                                                                             | FROM:                                                          |
| <b>SECTION I IDENTIFYING INFORMATION</b>                                                                                                                                        |                                                                |
| Child's Name:                                                                                                                                                                   | Birthdate:                                                     |
| Parent #1's Name:                                                                                                                                                               | Parent #2's Name:                                              |
| Name of Resource:                                                                                                                                                               |                                                                |
| Address:                                                                                                                                                                        |                                                                |
| Type of Care:                                                                                                                                                                   |                                                                |
| <b>SECTION II PLACEMENT STATUS</b>                                                                                                                                              |                                                                |
| <input type="checkbox"/> Initial Placement of Child in Receiving State                                                                                                          | Date Child Placed in Receiving State:                          |
| <input type="checkbox"/> Placement Change                                                                                                                                       | Effective Date of Change:                                      |
| <b>SECTION III COMPACT PLACEMENT TERMINATION</b>                                                                                                                                |                                                                |
| <input type="checkbox"/> Adoption Finalized <input type="checkbox"/> In Sending State <input type="checkbox"/> In Receiving State <input type="checkbox"/> Court Order Attached |                                                                |
| <input type="checkbox"/> Child Reached Majority/Legally Emancipated                                                                                                             |                                                                |
| <input type="checkbox"/> Legal Custody Returned to Parent(s)<br>Name:                                                                                                           | <input type="checkbox"/> Court Order Attached                  |
| <input type="checkbox"/> Legal Custody Given to Relative<br>Name:                                                                                                               | <input type="checkbox"/> Court Order Attached<br>Relationship: |
| <input type="checkbox"/> Legal Custody Given to Other (specify) _____<br>Name:                                                                                                  | <input type="checkbox"/> Court Order Attached<br>Relationship: |
| <input type="checkbox"/> Treatment Completed                                                                                                                                    |                                                                |
| <input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State                                                                    |                                                                |
| <input type="checkbox"/> Unilateral Termination                                                                                                                                 |                                                                |
| <input type="checkbox"/> Child Returned to Sending State                                                                                                                        |                                                                |
| <input type="checkbox"/> Child Has Moved to Another State                                                                                                                       |                                                                |
| <input type="checkbox"/> Proposed Placement Request Withdrawn                                                                                                                   |                                                                |
| <input type="checkbox"/> Approved Resource Will Not Be Used for Placement                                                                                                       |                                                                |
| <input type="checkbox"/> Other (Specify):                                                                                                                                       |                                                                |
| <b><u>Date of Termination:</u></b>                                                                                                                                              |                                                                |
| <b>SECTION IV SIGNATURES</b>                                                                                                                                                    |                                                                |
| Person/Agency Supplying Information:                                                                                                                                            | Date:                                                          |
| Compact Administrator, Deputy, or Alternate:                                                                                                                                    | Date:                                                          |