

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ THE PEOPLE OF THE STATE OF COLORADO In the interest of: _____ Child(ren) and Concerning _____ Respondent(s) _____		▲COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
D & N PERIODIC REVIEW OF OUT-OF-HOME PLACEMENT ORDER		

This matter came before the Court on the _____ day of _____, 20_____.

The Court having reviewed the file and evidence in this matter and being otherwise sufficiently advised in the premises FINDS:

- _____ Continued out of home placement is necessary and appropriate and is in the best interests of the child(ren).
- _____ The child(ren) has/have been placed in the least restrictive placement available which can effectively meet (his) (her) (their) needs.
- _____ The services provided to the family and the child(ren) by the _____ County Department of Social Services are appropriate.
- _____ Reasonable efforts have been made to safely reunify the child(ren) and (his) (her) (their) family. **OR**
- _____ Reasonable efforts to return the child(ren) to the home are not required because:
- _____ 1) A court of competent jurisdiction has determined that the parent has been convicted of:
- a) Murder of another child of the parent;
 - b) Voluntary manslaughter of another child of the parent;
 - c) Aiding or abetting, attempting, conspiring, or soliciting to commit such a murder or such a voluntary manslaughter;
 - d) A felony assault that results in serious bodily injury to the child or another child of the parent.
- _____ 2) The parental rights of the parent with respect to a sibling have been terminated involuntarily.
- _____ 3) A court of competent jurisdiction has determined that the parent has subjected the child to aggravated circumstances (as defined in State law). **OR**
- _____ Efforts to reunite the child(ren) and (his) (her) (their) family have failed.
- _____ **AND**
- _____ Reasonable efforts have been made to find and finalize a safe and permanent placement for the child(ren).
- _____ The child(ren)'s safety is protected in the placement.

_____ The extent of compliance with the case plan has been determined.

_____ The extent of progress made toward alleviating or mitigating the causes that necessitated the out of home placement has been determined.

_____ A projected date by which the child(ren) will be returned and safely maintained in (his) (her) home has been established. **OR**

_____ A projected date by which the child(ren) will be placed for legal guardianship has been established. **OR**

_____ projected date by which the child(ren) will be adopted has been established. **OR**

_____ A projected date by which the child(ren) will achieve another planned permanent living arrangement has been established

_____ Procedural safeguards to preserve parental rights have been applied in connection with any change in placement or any determination affecting parental visitation.

_____ The child(ren) is/are age sixteen (16) or over, and the Permanency Plan includes the services needed to assist in transitioning (him) (her) (them) to independent living.

_____ The out of state placement continues to be appropriate and in the best interests of the child(ren).

THEREFORE, IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

_____ Temporary legal custody of the child(ren) continues with the _____ County Department of Social Services.

_____ The _____ County Department of Social Services' report dated _____ is hereby incorporated by reference.

_____ The Administrative Review Findings dated _____ are hereby incorporated by reference.

_____ The _____ County Department of Social Services shall continue to make reasonable efforts to safely return said child(ren) to (his) (her) (their) home. **OR**

_____ The _____ County Department of Social Services shall continue to make reasonable efforts to find and finalize a safe and permanent placement for the child(ren).

_____ This matter is set for review on _____, 20_____, at _____ (am) (pm), at which time all parties must be present. **OR**

_____ Periodic reviews and/or Permanency Hearings shall be conducted by the Colorado Department of Human Services as Administrative Reviews, unless a party to the action requests a court hearing, or unless the Court deems it necessary to require a hearing.

Dated: _____

BY THE COURT

 JUDGE MAGISTRATE