

- 1 **3) Name of person or agency from whom the child was removed**
2 **(immediately past placement) and date of removal.**
3 **4) Date of last "in placement" visit by probation officer or social**
4 **worker.**
5 **5) Date of last court review hearing.**
6 **6) Date of next court review hearing.**
7 **7) Name of probation officer or social worker responsible for the**
8 **case.**
9 **8) Brief statement of reason for the change in placement.**

10
11 **Such reports shall be filed with the court, and served on counsel**
12 **of record in the proceeding, within five days of any change in**
13 **placement.**

14
15 **Dated: October 1, 2002**

16
17
18
19 ***Stephen D. Bradbury***

20 **Stephen D. Bradbury**
21 **Presiding Judge**

SAMPLE

LASSEN COUNTY PROBATION DEPARTMENT



Honorable Stephen Bradbury, Judge

Lill-Britt Whipple, Chief Probation Officer

107 S. Roop Street

Susanville CA 96130

Phone: 530-251-8212

Fax: 530-257-9160

CMS

**REPORT TO COURT FOR
WARDS AND DEPENDENT
CHILDREN IN PLACEMENT**

December 30, 2002

FILED

DEC 31 2002

LASSEN COUNTY SUPERIOR COURT
R. REED, CHIEF ADMIN. OFFICER
By J. Hartner Deputy

1. NAME:
COURT #:
DATE OF NEW PLACEMENT:
2. PLACEMENT NAME AND ADDRESS:
3. NAME OF PERSON OR AGENCY FROM WHOM THE CHILD WAS REMOVED
AND DATE:
4. DATE OF LAST "IN PLACEMENT" VISIT BY PROBATION OFFICER:
5. DATE OF LAST COURT REVIEW HEARING:
6. DATE OF NEXT COURT REVIEW HEARING: None at this time.
7. NAME OF PROBATION OFFICER RESPONSIBLE FOR CASE:
8. BRIEF STATEMENT OF REASON FOR PLACEMENT:

Am

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SAMPLE LASSEN COUNTY

HEALTH AND HUMAN SERVICES DEPARTMENT

ADMINISTRATION • 700 BRASHEAR STREET • SUSANVILLE, CA 96130 • (530) 251-8128

ALCOHOL & DRUG
475 Alexander Ave
Susanville, CA 96130
(530) 251-8112

MENTAL HEALTH
555 Hospital Lane
Susanville, CA 96130
(530) 251-8108

PUBLIC GUARDIAN
720-A Richmond Rd
Susanville, CA 96130
(530) 251-8322

PUBLIC HEALTH
555 Hospital Lane
Susanville, CA 96130
(530) 251-8183

VETERANS SERVICES
Memorial Building
Susanville, CA 96130
(530)-251-8192

CHILD PROTECTIVE
SERVICES
PO Box 1359
Susanville, CA 96130
(530) 251-8277

CMS

FILED

NOV 07 2002

LASSEN COUNTY SUPERIOR COURT
R REED, CLERK ADMIN OFFICER
By [Signature] Deputy

Child's Name: _____

Case Number: _____

Date of New Placement: _____

Name of Person/Agency child is placed: /

Physical Address:

Phone Number:

Name of Person child was removed:

Date of Removal: _____

Date of last "in placement" visit by Social Worker: _____

Date of last Court Review Hearing:

Date of next Court Review Hearing: _____

Name of Social Worker responsible for the case

Brief Statement for the change in placement: For a higher level of care.

On _____ away from her foster home (arrangements had already been made for
to go to the Group Home). She ran from the foster home because _____

Such reports shall be filed with the Court, and served on counsel of record in the proceedings, within five days of any change in placement.