

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

TO:	FROM:
SECTION I—IDENTIFYING INFORMATION	
Child's Name:	Birthdate:
Parent #1's Name:	Parent #2's Name:
Name of Resource:	
Address:	
Type of Care:	
SECTION II—PLACEMENT STATUS	
<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:
SECTION III—COMPACT PLACEMENT TERMINATION	
<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) Name:	<input type="checkbox"/> Court Order Attached
<input type="checkbox"/> Legal Custody Given to Relative Name:	<input type="checkbox"/> Court Order Attached Relationship:
<input type="checkbox"/> Legal Custody Given to Other (specify) _____ Name:	<input type="checkbox"/> Court Order Attached 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 Proposed Placement Request Withdrawn	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):	
<u>Date of Termination:</u>	
SECTION IV—SIGNATURES	
Person/Agency Supplying Information:	Date:
Compact Administrator, Deputy, or Alternate:	Date: