

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 Proposed Placement Request Withdrawn			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: