

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

TO:	FROM:
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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)	<input type="checkbox"/> Court Order Attached		
Name:			
<input type="checkbox"/> Legal Custody Given to Relative	<input type="checkbox"/> Court Order Attached		
Name:	Relationship:		
<input type="checkbox"/> Legal Custody Given to Other (specify):	<input type="checkbox"/> Court Order Attached		
Name:	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 Proposed Placement Request Withdrawn			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:

DISTRIBUTION: See 100B Instructions