Iowa Department of Human Services

Guardianship Information

Child's Legal Name:					
Last	First	Middle		Case I.D. No.	Birth Date YY DD MM
Court Venue					
County of Commitment (court venue)			Date of Commitment		
ADJUDICATION:					_
Child in Need of	f Assistance				
Parental rights to	erminated				
Birth mother					
Birth father					
Parent deceased (Identify Parent):					
Death verified					
Legal father					
Alleged or unknown father					
Delinquent					
Guardian			Guardian	Address	
Social Worker Assigned			Date Case Opened		
Discharge					
Date of Discharge			Date Case Closed		
TYPE OF DISCHAR	GE:		<u> </u>		
Adoption finaliz	ed				
Majority age					
Court dismissed case					
Custody given to the Department					
Guardianship returned to parents with Department supervision					
Other:					
Placement at Time of D	ischarge		Social Works	er at Time of Discharge	County

470-2989 (Rev. 11/06) Copy 1: Service Area Manager Copy 2: Case Record