

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

TO:	FROM:		
Child's Name:	Birthdate:		
Parent #1's Name:	Parent #2's Name:		
Name of Resource:			
Address:			
Type of Care:			
<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 _____		
<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 Proposed Placement Request Withdrawn			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):			
<b>Date of Termination:</b> _____			
Person/Agency Supplying Information:			Date:
Compact Administrator, Deputy, or Alternate:			Date