

and III, below]:

I. Criteria for Return or Continued Temporary Removal of Child(ren) [check applicable box]:

? The child(ren) should be returned home because no imminent risk to the child(ren)'s life or health has been demonstrated.

OR

? Continued temporary removal of the child(ren) is necessary to avoid imminent risk to the child(ren)'s life or health.

II. Required "Best Interests" and "Reasonable Efforts" Findings [check applicable boxes and provide case-specific reasons in both A and B, below]:

A. Continuation of the child(ren) in, or return of the child(ren) to, the child(ren)'s home
? would ? would not be contrary to the best interests of the child(ren) because [specify facts and reasons]:

This determination is based upon the following information [check applicable box(es)]:

- ? Petition
- ? Report of Suspected Child Abuse or Neglect
- ? Uniform Case Review, dated [specify]:
- ? Summary of the Uniform Case Record, dated [specify]:
- ? Service Plan, dated [specify]:
- ? The report of [specify]: , dated [specify]:
- ? Testimony of [specify]:
- ? Other [specify]:

B. Reasonable efforts, where appropriate, to prevent or eliminate the need for removal of the child(ren) from the home, and, if the child(ren) were removed prior to the date of this hearing, to return them home safely [check applicable box and state reasons as indicated]:

Q were made as follows [specify]:

Q were not made but the lack of efforts was appropriate [check all applicable boxes]:
Q because of a prior judicial finding pursuant to F.C.A. §1039-b that the Petitioner was not required to make reasonable efforts to reunify the child(ren) with the Respondent(s) [specify date of finding]:

Q because of other reasons [specify]:

Q were not made.

This determination is based upon the following information [check applicable box(es)]:

- ? Petition
- ? Report of Suspected Child Abuse or Neglect

- ? Uniform Case Review, dated [specify]:
- ? Summary of the Uniform Case Record, dated [specify]:
- ? Service Plan, dated [specify]:
- ? The report of [specify]: , dated [specify]:
- ? Testimony of [specify]:
- ? Other [specify]:

III. Findings Regarding Alternatives to Removal to Foster Care:

A. Based upon the investigation conducted by the Commissioner of Social Service, [Check applicable box(es):

? The following person is a suitable person related to the child(ren) with whom such child(ren) may appropriately reside [specify]:

- Such person: ? seeks approval as a foster parent in order to provide care for the child(ren));
- ? wishes to provide care and custody for the child(ren) without foster care subsidy during the pendency of any order herein.

? There is no suitable person related to the child(ren) with whom the child(ren) may appropriately reside).

B. [Required]: Imminent risk to the child(ren) ? would ? would not be eliminated by the issuance of a temporary order of protection or order of protection directing the removal of [specify]: from the child(ren)'s residence;.

NOW, therefore, it is [check applicable box(es)]:

ORDERED that the application for the return of the children is hereby

? granted, and [specify]: , a duly authorized agency is directed to return the child(ren) above named to the Respondent(s).

OR

? denied; (and it is further)

? ORDERED that the child protective agency ? provide ? arrange for the provision of the following appropriate services or assistance to the child(ren) and to the child(ren)'s family pursuant to Family Court Act §§ 1015-a or 1022 (c) [specify]:

;(and it is further)

? ORDERED that the child(ren)(is)(are) released to the custody of [specify]: , the child(ren)'s ? parent(s) ? other person legally responsible for the child(ren)'s care, such release to be under the supervision of [specify, if applicable]:

; (and it is further)

? ORDERED that, pending further proceedings, the child(ren) shall be placed in the

custody of [check applicable box]:

- the Commissioner of Social Services of _____ County;
- the Commissioner of Social Services of _____ County to reside with [specify]: _____
- other [specify]: _____ ; (and it is further)

ORDERED that: Hospital [specify]: _____ Physician [specify]: _____

is hereby authorized to provide such emergency medical or surgical procedures for the child(ren) as may be necessary to safeguard the child(ren)'s life or health; (and it is further)

ORDERED that the Commissioner of Social Services investigate whether there are any suitable person(s) related to the child(ren) with whom the child(ren) may appropriately reside, including, but not limited to [specify]: _____, and ascertain whether such person(s) wish to seek approval as foster parent(s) in order to provide care for the child(ren) or wish to provide care and custody for the child(ren) without foster care subsidy during the pendency of any order herein.

; (and it is further)

ORDERED that

ENTER

Judge of the Family Court

Dated: _____, _____

NOTICE: PLACEMENT OF YOUR CHILD IN FOSTER CARE MAY RESULT IN YOUR LOSS OF YOUR RIGHTS TO YOUR CHILD. IF YOUR CHILD STAYS IN FOSTER CARE FOR 15 OF THE MOST RECENT 22 MONTHS, THE AGENCY MAY BE REQUIRED BY LAW TO FILE A PETITION TO TERMINATE YOUR PARENTAL RIGHTS AND MAY FILE BEFORE THE END OF THE 15-MONTH PERIOD. IF SEVERE OR REPEATED ABUSE IS PROVEN BY CLEAR AND CONVINCING EVIDENCE, THIS FINDING MAY CONSTITUTE THE BASIS TO TERMINATE YOUR PARENTAL RIGHTS.

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT, AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF COURT, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE LAW GUARDIAN UPON THE APPELLANT, WHICHEVER IS EARLIEST.

Check applicable box:

Order mailed on [specify date(s) and to whom mailed]: _____

Order received in court on [specify date(s) and to whom given]: _____