

FAMILY NAME: _____ FIRST SCREENING DATE: _____

IDCFS Statewide Legal Screening Form

WORKER: _____

AGENCY: _____

ADDRESS: _____

PHONE: _____ Fax: _____

DATE THIS CASEWORKER ASSIGNED: _____

SUPERVISOR'S NAME, PHONE & FAX: _____

I. BACKGROUND INFORMATION ON THE CHILD

Name on birth certificate & AKA's: _____

DOB: _____ Gender: _____

Juvenile Court Case No: _____ Court Calendar (for Cook County Cases): _____

DCFS ID #: _____ Court County (outside of Cook County): _____

Reason for initial removal/protective custody _____

Name of Guardian (DCFS or other) _____

Date of Guardianship/Disposition: _____

Finding/Adjudication: Neglect _____ Abuse _____ Dependency _____

Date of finding _____

Name & address of Guardian *ad litem* _____

Name & address of mother's attorney: _____

Name & address of father's attorney: _____

Has this child previously been adopted or had a subsidized guardian? Yes No

If the child was adopted, was the child from a foreign country? Yes No

If yes, which country? _____

Has this case been taken through the legal screening process in the past? Yes _____ No _____

On what date did the court change the goal away from return home? _____

What is the next court date? _____

If there has been a Permanency Hearing on this case, what is the court-set goal? _____

What was the date of the last Permanency Hearing? _____

On what date is the next Permanency Hearing? _____

If there has been **no** Permanency Hearing yet, what is the agency-set permanency goal for this child? _____

Is this child of American Indian Ancestry? Yes No Tribe _____

- If so, please attach all correspondence with the child's tribe

INFORMATION ON ALL OTHER SIBLINGS:

NAME AGE AGENCY Reason(s) Not Being Screened

Are there new siblings not yet screened into care? _____

Have you discussed screening the siblings with their worker? _____

When? _____

II. BIRTH PARENT INFORMATION

BIRTH MOTHER:

Name & AKA's: _____

Address/City/Zip Code: _____

Telephone(s): _____

Date of Birth: _____ Social Security Number: _____

Is the birth mother deceased? Yes No If yes, attach a copy of the death certificate.

Has the birth mother ever been married? If so, to whom & dates of marriage/s:

Is the birth mother divorced? Yes No If yes, include a copy of the divorce decree.

- If the birth mother's whereabouts are unknown, you must attach a completed **Diligent Search Request and Response**.
- In Cook County, attach all supporting documentation.

Has the birth mother ever had any contact with the child? Yes No

If so, what was the date of the birth mother's last contact with the child?

Type of contact (ex: visit, phone call, letter):

Frequency of contact:

Did the birth mother sign a **specific consent** to adoption? Yes No

If so, date: _____

Or, did the birth mother sign a **surrender** of parental rights for purposes of adoption? Yes No

If yes, on what date? _____

- **If either a consent or surrender was signed, attach a copy.**

Has the birth mother ever had any contact with you or any caseworker? Yes No

If so, when did the mother last have contact with you or any caseworker?

BIRTH FATHER:

Name & AKA's: _____

Address/City/Zip: _____

Telephone (s): _____

Date of Birth: _____ Social Security Number: _____

Is the birth father deceased? Yes No If yes, attach a copy of the death certificate.

Has the birth father ever been married? If so, to whom & dates of marriage/s:

Is the birth father divorced? Yes No If yes, include a copy of the divorce decree.

- If the birth father's whereabouts are unknown, you must attach a completed **Diligent Search Request and Response**.
- In Cook County, attach all supporting documentation.

Has the birth father ever had any contact with the child? Yes No

If so, what was the date of the birth father's last contact with the child?

Type of contact (ex: visit, phone call, letter):

Frequency of contact:

Did the birth father sign a **specific consent** to adoption? Yes No

If so, date: _____

Or, did the birth father sign a **surrender** of parental rights for purposes of adoption? Yes No

If yes, on what date? _____

- If either a consent or surrender was signed, attach a copy.

Has the birth father ever had any contact with you or any caseworker? Yes No

If so, when did the father last have contact with you or any caseworker?

PUTATIVE FATHER:

Name & AKA's: _____

Address/City/Zip: _____

Telephone (s): _____

Date of Birth: _____ Social Security Number: _____

Is the birth father deceased? Yes No If yes, attach a copy of the death certificate.

Has the birth father ever been married? If so, to whom & dates of marriage/s:

Is the birth father divorced? Yes No If yes, include a copy of the divorce decree.

- If the birth father's whereabouts are unknown, you must attach a completed **Diligent Search Request and Response**.
- In Cook County, attach all supporting documentation.

Has the birth father ever had any contact with the child? Yes No

If so, what was the date of the birth father's last contact with the child?

Type of contact (ex: visit, phone call, letter):

Frequency of contact:

Did the birth father sign a **specific consent** to adoption? Yes No

If so, date: _____

Or, did the birth father sign a **surrender** of parental rights for purposes of adoption? Yes No

If yes, on what date? _____

- If either a consent or surrender was signed, attach a copy.

Has the birth father ever had any contact with you or any caseworker? Yes No

If so, when did the father last have contact with you or any caseworker?

MISCELLANEOUS DOCUMENTATION

Putative Father Registry search:

- A Putative Father Registry (PFR) search must be done for virtually all children. An exception would be if there were a finding of paternity based upon a DNA test, or if the father is named on the birth certificate and he was married to the mother at the time of birth or conception and his name is also on a marriage certificate.
- Once a PFR is completed and a response is received, it is good forever and need not be done again, as long as you still have the response.
- NOTE: If a diligent search has been made for the father and is still current, the Diligent Search Service Center

will check the Putative Father Registry as part of it's search, so you need not check the PFR in these cases.

III. ATTEMPTS TOWARD REUNIFICATION

What services has mother failed to complete? (Note: "None" or "All" is not a complete answer)
List **each task** from client service plan.

What services has father failed to complete? (Note: "None" or "All" is not a complete answer)
List **each task** from client service plan.

What services has mother successfully completed? (Note: "None" or "All" is not a complete answer)
List **each task** from client service plan. DESCRIBE MOTHER'S VISITATION HISTORY.

What services has father successfully completed? (Note: "None or All" is not a complete answer)
List **each task** from client service plan. DESCRIBE FATHER'S VISITATION HISTORY.

For Termination of Parental Rights/Adoption cases only, ATTACH A LIST OF ALL OUTSIDE AGENCIES THAT THE PARENTS WERE REFERRED TO, THEIR ADDRESSES, AND THE REASONS FOR THE REFERRALS.

IV. MISCELLANEOUS INFORMATION ON BIRTH PARENTS

- Skip this section if this is a Subsidized Guardianship case or Expedited Adoption case.

Has any parent been **convicted** of a crime involving child abuse, drugs, and/or violence? Yes No
Who & When?

Explain: _____

Is any parent addicted to drugs, and/or alcohol? Yes No

Who? _____

Explain: _____

Has any sibling died as a result of abuse? Yes No

Who & when?

Explain: _____

Is there any evidence of mental illness in the parents of the child? Yes No

Who? _____

Explain: _____

Other information regarding fitness of parent(s). Include prior history of voluntary or involuntary termination.

V. BEST INTEREST ISSUES

A) FOSTER PARENT/CAREGIVER HOME INFORMATION
DO NOT INCLUDE ADDRESS OF FOSTER PARENT/CAREGIVER

Foster parent/Caregiver(s):

DATE OF PLACEMENT IN CURRENT HOME: _____

Divorced? Widowed? Never married?
Married? Separated If separated, for how long? _____

Occupation: _____ Employer _____

Occupation: _____ Employer: _____

Age: _____ Age: _____

Is this a relative placement? Yes No If so, what is the relationship? _____

Is the home licensed? Yes No

Is this an adoptive home? Yes No

Note: There must have been a family meeting with the caregiver prior to screening to discuss the possibility of adoption, and to complete form CFS 1443 Permanency Commitment by Foster Parent/Relative Caregiver. If the caregiver is unsure about adoption, every effort should be made to answer the caregiver's questions and resolve their concerns prior to legal screening.

Does the caregiver have any health related problems? Yes No

If so, provide details _____

What is the caregiver's backup plan in the event of illness, disability or death? _____

Is the person named in the backup plan in agreement with the plan? _____

What is the back up caregiver's current involvement with the child/ren? _____

What is your placement recommendation? _____

How often do you visit the home? _____ Date of the last visit: _____

Does anyone else live in home other than the minor and foster parent(s)? Yes No

If yes, who? List names, ages and relationship to the caregiver:

Have you done **CANTS/LEADS** on all adults in the home? Yes No

- If yes, when was this last done? _____

Does anyone in the foster home have a criminal background? Yes No

- If so, attach complete description/printout **and explanations**.

Have there been any Unusual Incident Reports on the foster home? Yes No

If yes, attach all UIR's (CANTS 52 form): Dates: _____

Have there been any indicated reports of abuse or neglect on anyone in foster home? Yes No

If so, attach description and explanations.

Are there any indications of risk to the child in the home? Yes No

If yes, describe in detail:

Are there any other problems in the home? Yes No

If yes, describe in detail:

DOES THIS CHILD WISH TO BE ADOPTED? Yes No

Other comments: _____

HAS ANYONE ELSE, INCLUDING FAMILY MEMBERS, EXPRESSED AN INTEREST IN ADOPTING THIS CHILD? Yes No

If yes, please explain who and when: _____

B) IF THE CHILD IS NOT IN AN ADOPTIVE HOME

How bonded is the child to the foster parent and how long has the child been in the home?

What is the foster parent's reason for not adopting?

Is there a relative of the foster parent or child, or friend of the family interested in adoption? Yes No

If so, who? _____

When will you list the child with the Adoption Information Center of Illinois, if you haven't already done so?

What have you done to find an adoptive home?

How many families have you successfully contacted regarding adoption of this child? _____

Have you explored permanency where siblings are placed? Yes No

If not, why not _____

On what date was the most recent family meeting held with an adoption worker and the foster family?

Who attended? _____

STEP 1: CERTIFICATION AND RECOMMENDATION BY CASEWORKER AND SUPERVISOR

All the information provided in this packet is accurate and complete, to the best of our knowledge. No pertinent information has knowingly been withheld.

IT IS IN THE BEST INTERESTS OF THE CHILD THAT PERMANENCY BE ACHIEVED IN THIS CASE.

Caseworker's Signature

Supervisor's Signature

Type or Print Name

Type or Print Name

Date

Date

STEP 2: REVIEW & APPROVAL BY DCFS OLS FIELD PARALEGAL AND/OR REGIONAL COUNSEL:

I have examined this screening packet and supporting documentation prepared by the caseworker, and, to the best of my knowledge based on the information provided, it is accurately prepared and complete for submission for legal screening.

NOTE: Approval by OLS of this screening packet does not indicate that this case has "PASSED" legal screening. Refer to your "OLS Legal Screening Pass/Hold" sheet for information on whether this case has passed legal screening.

Approved by Office of Legal Services

Date

Type or Print Name and Title

FOR COOK COUNTY EXPEDITED ADOPTION CASES ONLY:

STEP 3 – APPROVAL BY POS ADOPTION LIAISON/DCFS ADOPTION SUPERVISOR

The Adoption Assistance Agreement/s for the child/ren achieving permanency includes thorough information regarding current services, clinical and medical diagnoses and assessments, pre-existing conditions and the circumstances of how the child/ren came into State care.

The subsidy has been completed and typed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Investigatory Report is signed and dated, and is comprehensive and complete.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The foster parents have preliminarily approved the subsidy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The caseworker and supervisor have preliminarily approved the subsidy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I have reviewed this case and subsidy, and based upon the information provided to me, approve it as an adoptive placement.

POS Adoption Liaison/DCFS Adoption Supervisor signature

Date

CERTIFICATION

I, _____, a caseworker for
_____(agency name), under oath, pursuant to the
penalties set out in 735 ILCS 5/1-109, certify that I have prepared and read the attached “IDCFS Statewide
Legal Screening Form” and certify that the information contained therein is correct and true to the best of my
knowledge and belief.

Current Caseworker Signature

Date

IDCFS Office of Legal Services

Legal Screening Form: Instructions:

Legal Screening is necessary to determine whether the filing of a termination of parental rights petition is warranted, or another permanency option is appropriate, and if so, to ensure the successful prosecution of the termination petition.

It is vitally important that workers prepare their packets as thoroughly as possible and be as forthcoming as possible so that the screeners can make an appropriate decision.

Caseworkers must thoroughly review the agency's file and the child's court file (located in the Clerk's Office at Court) prior to submitting their request form for screening. Frequently, vital information has been found in the court file that requires additional work and delay in filing the termination petition.

PREPARATION OF A SCREENING PACKET

1. **Read** through this **entire form** first.
2. Please fill the form in **COMPLETELY**. For example, **do not put "N/A"** for the last contact that the mother/father had with the child. Indicate a date. If the last time that a parent visited was when the child was born, please state so.
3. **When putting your packet together, put the documents in the order listed in the checklist at the beginning of the packet. Staple or rubber band each section individually and rubber band the entire packet.**

For Cook County Expedited Adoption Cases Only:

After the case has been screened and approved by DCFS Office of Legal Services, proceed to Screening with your POS Adoption Liaison or DCFS Adoption Supervisor. For each child being adopted, you will need the following documents (typed and signed):

- _____ Five subsidies with original signatures, signed by the caregiver/s & agency
 - Include all supporting documentation
- _____ Affidavit of Agency Expenses
- _____ Entry of Appearance
- _____ Special Needs Certificate
- _____ Agency Consent to Adoption **if parents no longer have rights,**
For example, if parent signed a **Surrender**; or parents' **rights have been terminated** by termination order.

SUBMIT TWO COPIES/SETS OF YOUR COMPLETED SCREENING FORM and retain a copy for yourself.