

All names, dates and other identifying information have been altered to protect confidentiality.

**COOK COUNTY JUVENILE COURT CLINIC
REQUEST FOR CLINICAL INFORMATION (RCI) - CHILD PROTECTION**

Follow up _____
CCJCC x

Complete both sides of this form. If there is a signed court order, attach.

Judge: Sandra Gray Calendar: XX Hearing Officer: n/a
Date of request: 2/xx/07 Date of Court Order (CCJCC only) 2/xx/07
Person requesting clinical coordination: Judge Gray Phone: _____
Clinical Coordinator who is completing this form: Xxxxx Phone: Xxxxxx

Case Information

List all minors who are subjects of today's court proceedings: (*Minor(s) involved in this RCI)

Minor	D.O.B.	Court Number	Type of Placement	Phone #
Steven Johnson	4/xx/93	Xxxxx		
Bradley Monroe	1/xx/01	Xxxxxx		

List subject(s) of request below.

Name	D.O.B.	Relationship to minor	Address	Phone #
Mr. Monroe	10/xx/1963	Natural father	123 Main St. Chicago, IL	xxxxxx
Ms. Johnson	4/xx/58	Natural mother	Same as above	

Is English the preferred language of the minor/mother/father/guardian? If not, specify: Yes

Legal Information

Next court date: 6/xx/07 Date requested clinical information is needed: 5/xx/07

Note the **current and next stages of legal proceedings. Specify dates in the space provided.**

 Temporary Custody Hearing _____ Disposition _____
 Family Court Conference _____ Permanency Planning Hearing _____
 Adjudication _____ Termination Petition Filed _____
X Status Hearing Current _____ X Other 6/xx/07 Motion for case closure

Note the current and recommended **permanency goal(s)** (ILCS 405/2-28) by placing an 'X' to the left of the goal(s). Specify in the space provided whether a goal is "current" or "recommended."

- None established _____
- (A) Return home within 5 months _____
- x (B) Return home within 12 months Current _____
- (B-1) Short-term care with continued goal to return home pending status hearing _____
- (C) Substitute care pending court determination on termination of parental rights _____
- (D) Adoption, pending termination or relinquishment of parental rights _____
- (E) Private guardianship _____
- (F) Substitute care pending independence (minor over age 15) _____
- (G) Substitute care, home environment not appropriate _____

Describe the **legal history of the case**. Specify 1) date temporary custody taken, 2) date of adjudication (include findings and against whom made), and 3) date and nature of disposition.

Temporary Custody occurred on February xx, 2001. At Adjudication on January xx, 2002, a finding of Injurious Environment was made. The Dispositional Hearing occurred on April xx, 2002. Both parents were found unable. On June xx, 2004, Ms. Monroe and Mr. Johnson were found fit, willing, and able. Steven and Bradley were returned home at the time under a 225 Order of Protection.

Case name:	Johnson – Monroe	CCJCC ID #:	
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DCFS Involvement

Caseworker's Name: Caseworker A Agency: Agency X
 Address: 456 Main St., Chicago, IL Phone #: xxx Fax #: _____
 Caseworker's Supervisor: Supervisor A Phone #: Same as above
 Other Contact Name: _____ Agency: _____
 Address: _____ Phone #: _____ Fax #: _____

Check the box next to those places to which there are completed or pending referrals: DCFS Evaluation, HELP Unit, Mediation, PAT, CASA. **If the referral is relevant to this request, explain:**

Clinical Information Request

Specify the pending legal decision(s) for which clinical information is requested.

____ Visitation _____ Considering change of permanency goal
 ____ Termination of parental rights (ground p) _____ Return Home
 ____ Competence to sign surrender/waive rights x Motion for Case Closure
 ____ Competence to consent to specific adoption _____ Motion to Vacate or Transfer Guardianship
 ____ None / Service _____ Other: _____

Why is the information being requested at this time? (e.g., what events, problems, changes or new circumstances give rise to this request now?)

The court is seeking clinical information to assist in deciding on whether to close this family's case. Steven and Bradley were returned home approximately two and half years ago. However, at this time, the agency is not recommending that this case close. The worker reported that the parents have a volatile relationship and were referred for couples therapy. However, the therapist eventually recommended that the parents receive individual therapy, because it was difficult to conduct therapy with them together. The agency has referred Mr. Monroe and Ms. Johnson for individual therapy. Ms. Johnson has also received psychiatric services, therapy, and a psychological evaluation. Ms. Johnson has been diagnosed in the past with Schizoaffective Disorder and Bipolar Disorder. Mr. Monroe has received drug treatment and continues to provide random urine screens. Ms. Johnson has a 20-year old daughter (Nadine) whose case closed after she achieved independence at 18-years old.

Given the pending legal decision and the reason the information is being requested, what specific clinical questions would you like addressed? (i.e. what clinical information do you want to know?)

1. Taking into consideration the concerns of the court (i.e., the length of time children have been returned home without successful case closure, the volatile relationship between Mr. Monroe and Ms. Gustafson, and the need for both parents to have individual therapy) and the information gathered for this evaluation:
 a) What are the protective factors that suggest Mr. Monroe and Ms. Johnson would be able to adequately care for, parent, and protect Steven and Bradley? Incorporate discussion of relevant parenting strengths.
 b) What are the risk factors that suggest Mr. Monroe and Ms. Johnson would be unable to adequately care for, parent, and protect Steven and Bradley? Incorporate discussion of relevant parenting weaknesses.

2. What type of intervention and support services are recommended to decrease these risk factors and assist Mr. Monroe and Ms. Johnson in caring for Steven and Bradley after their case is closed?

3. Considering the above risk and protective factors, what is the likelihood Mr. Monroe and Ms. Johnson will be able to adequately care for, parent, and protect Steven and Bradley after their case is closed?

Legal Counsel

State's Attorney: State's Attorney X Phone: xxx
 Public Defender: Public Defender Y Phone: xxx
 Guardian Ad Litem: GAL Z Phone: xxx
 DCFS Attorney: DCFS Attorney B Phone: _____
 Private Attorney: Attorney P Address 789 Main St. Chicago, IL Phone: xxx

Case name:	Johnson – Monroe	CCJCC ID #:	
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