Department of Children’s Services

Guidelines for Use of Form

**CS-0798, Affidavit**

This affidavit should be used to describe to the court what specific support the department has provided to help reunify the family, help the child reach permanency and what progress has been made in completing the permanency plan.

Note: This form may be used by any region, however, some courts require a quarterly progress report, CS-0430, to determine what progress a family has made and what support DCS has provided. Please contact your local regional counsel to determine what documents are preferred by your local courts.

IN THE JUVENILE COURT OF NAME OF COUNTY, TENNESSEE

 **)**

**STATE OF TENNESSEE )**

**DEPARTMENT OF CHILDREN’S SERVICES, ) No.**

 **)**

 **Petitioner. ) Date:**

 **)**

**In re:** **Travis Collins, dob 5/4/XX, JJ**

**Michael Collins, dob 6/27/XX, D/N**

 Child(ren) under 18 Years of Age

|  |
| --- |
| **AFFIDAVIT** |

I, FSW, case manager for the above-named child(ren), testify as follows:

Since the last hearing on Insert Date,Travis was completed residential treatment and has stepped down to a DCS kinship foster home of Phillip and Evelyn Wilson. An ICPC was completed and Michael has moved to Virginia with his father. was recommended he receive treatment to address his behavioral and emotional needs. The Department has provided family visitation at a minimum of 4 hours a month. Travis' medical and dental needs have been meet through medical, dental, and mental health appointments. All recommendations have been followed. Travis' educational needs are being meet. Mrs. Steward has visited with Travis and is involved in the case. She has attended counseling; however, she is facing criminal charges.

**A. Child(ren)’s Condition**

1. Placement: Kinship foster care home of Phillip and Evelyn Wilson, materanal grandparents

2. School: Grand High School, no grades available at this time due to duration of enrollment.

3. Health: EPSD&T physical and dental up to date and all recommendations have been followed.

4.

**B. Parent Progress on Permanency Plan**

1. The above-named child(ren) was/were placed in state custody Date due to Andrew Newel, half-brother, has a no contact order with Travis and Michael Collins; however, Marilyn Steward was allowing him to have contact with the children and refused to refrain from him having contact. Travis was admitted to a psychiatric hospital for cutting and it was recommended he receive treatment to address his behavioral and emotional needs.

2. The parent’s/parents’ permanency plan requires the following steps so that the family can be reunified: List in abbreviated fashion what was required and what has been done on each requirement. The following are listed as suggestions only. If they are not included in the Permanency Plan, delete them and add others that apply. Counseling: Is parent going? How often? How regularly? What is being addressed? Is TNCare supplying? Did FSW/Contract Agency help set up appointments? Drug/Alcohol Assessment: Is parent going? What type - In-Patient or Out-Patient? Where is program? Was there an evaluation? What did it recommend? Is parent compliant with program? Employment: Where is parent working? How long has he/she worked there?

**C. Visitation:**

1. The following visitations were arranged by the state:

⏺DateInsert details. Was parent on time, late? Did parent miss visit? Was visit rescheduled? Was visit pleasant/appropriate?

⏺DateInsert details. Was parent on time, late? Did parent miss visit? Was visit rescheduled? Was visit pleasant/appropriate?

**D. Case Manager Contacts:**

1. I have had the following contacts with Parent's Name:

⏺Date Type of Contact

⏺Date Type of Contact

2. I have had the following contacts with the above-named child(ren):

⏺Date Type of Contact

⏺Date Type of Contact

 I AFFIRM THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND I MADE THEM IN COMPLIANCE WITH TENNESSEE CODE ANNOTATED 37-1-166 AND THE QUESTIONS LISTED THEREIN.

NAME OF COUNTY :

 : ss

STATE OF TENNESSEE :

 Insert Your Name

Sworn to and subscribed before me this

Day of , 20     .

Notary Public

My commission expires: