STATE OF INDIANA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COURT

CAUSE NO. 00X00-0000-XX-00000

In the Matter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**RECOMMENDATION OF**

**DUAL STATUS ASSESSMENT TEAM**

Pursuant to IC 31-41, the following members of the Dual Status Assessment Team met on 00/00/0000:

[List Members Who Attended Meeting]

The Dual Status Assessment Team has considered the following allegation(s) of abuse or neglect suffered by the child:

[List Allegations of Abuse or Neglect]

The Dual Status Assessment Team has considered the following allegation(s) the child is a delinquent child:

[List Delinquency Allegations]

The Dual Status Assessment Team has considered the child’s best interests and well-being of the child.

The undersigned designated members submit this written report on behalf of the Dual Status Assessment Team.

The Dual Status Assessment Team submits the following recommendations:

🞏 The court should proceed with an additional hearing regarding a:

🞏 CHINS Informal Adjustment.

🞏 Petition Alleging the Child is a Child in Need of Services.

🞏 Delinquency Informal Adjustment.

🞏 Petition Alleging the Child is a Delinquent Child.

🞏 The court should dismiss a pending:

🞏 CHINS Informal Adjustment.

🞏 Petition Alleging the Child is a Child in Need of Services.

🞏 Delinquency Informal Adjustment.

🞏 Petition Alleging the Child is a Delinquent Child.

🞏 The following agency should be the lead agency in a child's supervision:

🞏 Department of Child Services

🞏 Probation Department

🞏 The following services should be included in a dispositional decree:

🞏 Other:

🞏 Alternate recommendations are submitted by [INSERT NAME] as follows:

Recommendations for placement or certain services may require additional concurrence from DCS Service Consultant.

Submitted this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Probation Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Department of Child Services