

FOSTER CARE AFFIDAVIT OUTLINE

BASIC HEADER

STATE OF NORTH DAKOTA
COUNTY OF

IN JUVENILE COURT
JUDICIAL DISTRICT

IN THE INTEREST OF: , A CHILD; DOB: Sex:

PETITIONER or AFFIANT,)
)
VS)
)
, CHILD;)
, MOTHER;)
, FATHER;)
RESPONDENTS)

AFFIDAVIT IN SUPPORT OF
ENTER TYPE OF AFFIDAVIT

BASIC INFORMATION TO PROVIDE

I, *Agency Representative's Name, Title*, is 18 years of age or older and a resident of County, North Dakota, under oath and the threat of perjury, deposes and states that as the *Petitioner or Affiant* in the above-entitled matter; the *Petitioner or Affiant* has read the contents of this Affidavit and all incorporated documents before signing it; and that the same is true of the *Petitioner's or Affiant's* own knowledge except as to matters therein stated on information and belief, and as to such matters, the *Petitioner or Affiant* believes it to be true. As grounds for the relief requested from the Court, the *Petitioner or Affiant* further deposes and states:

1. That the minor child, *child's name*, is a *female/male* child whose date of birth of *birthday*.
2. That the names and addresses of the respondents, custodian, guardian, or other parties having an interest in the above matter are:

Mother:	Father:
Address:	Address:
Telephone:	Telephone:

Legal Custodian:	Guardian:
Address:	Address:
Telephone:	Telephone:

Other parties with an interest in the above matter:

3. That a removal took place at _____ (time) a.m./p.m. on the date of _____ .
4. The child was placed with/at/in *who, where, type of placement, and the appropriateness of the placement.*
- OR** The child currently resides with/at/in *who, where, type of placement, and the appropriateness of the placement.*
5. That the child is deprived as defined by Chapter 27-20 of the North Dakota Uniform Juvenile Court Act for the following reason(s): _____ .

For subsequent orders, may add

6. That pursuant to Order(s) dated _____ , the minor child has been in the care, custody and control of _____ County Social Services since _____ .
7. That pursuant to Order(s) dated _____ (*date of original order*), the minor child was adjudicated a deprived child as that term is defined in the Uniform Juvenile Court Act, N.D.C.C. 27-20.

8. CONTRARY TO THE WELFARE OR BEST INTEREST DETAILS – Judicial determination required-MUST be documented in the court order

That it is contrary to the welfare of the child to remain in the home because: *Explain why and address safety. List aggravated circumstances if applicable as defined by Chapter 27-20 of the North Dakota Uniform Juvenile Court Act*

- OR** That it remains contrary to the welfare for the child to return to the home due to the goals of the prior order have not yet been accomplished, in that the child remains deprived as that term is defined in the Uniform Juvenile Court Act, N.D.C.C. 27-20 because: *Explain why and address safety. List aggravated circumstances if application as defined by Chapter 27-20 of the North Dakota Uniform Juvenile Court Act.*

9. REASONABLE EFFORTS - Judicial determination required-MUST be documented in the court order

Complete all that apply (Reasonable Efforts):

Explain agency's involvement with family.

If prior agency involvement, offer the following:

To prevent removal and return the child safely to the home, the agency offered the

following services to the family: *List services and outcome*

- | | |
|--|---|
| <input type="checkbox"/> Psychological/Psychiatric Evaluation & Services | <input type="checkbox"/> Wraparound/Case Management |
| <input type="checkbox"/> Alcohol and Drug Evaluation | <input type="checkbox"/> Intensive In Home Services |
| <input type="checkbox"/> Child-Parent Counseling | <input type="checkbox"/> Parenting Classes |
| <input type="checkbox"/> Day Care Services | <input type="checkbox"/> School Services |
| <input type="checkbox"/> Family Counseling | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child Protection Services | |

Add any additional services that may apply

Details: *Indicate which services the family accepted, declined, participated in, are currently participating in, were deemed inappropriate, or ineffective*

OR

If no prior agency involvement, the following is an example of what could be offered. The information must be detailed and case specific:

That prior to the removal date, there was no record of agency involvement with this family and/or a record of prior services offered or provided.

AND At the time of removal the agency's efforts included assessment of the child's safety with other adults/caretakers/extended family in or out of the home, other children/siblings, surroundings, etc. ***EMERGENCY REMOVAL -- Explain what efforts the agency made to assess, rule out, and contact other possible placement options. What informal or formal assessments were completed at the time.*

OR

If aggravated circumstances by the parent exist as defined by Chapter 27-20 of the North Dakota Uniform Juvenile Court Act, provide details and case specific information.

****NOTE:** For cases where reasonable efforts are not required due to aggravated circumstances, a permanency hearing is required within 30 days of removal.

10. MAINTAINING FAMILY CONNECTIONS AKA SIBLING LANGUAGE - Judicial determination required

The following reasonable efforts have been employed to place siblings together:

Document:

If the child has siblings

Are the siblings in placement?

Could the siblings be placed together?

List reason and safety concerns if siblings could not be placed together

If not placed together, explain plan for ongoing visitation/interaction.

List reason and safety concerns if visitations/interaction is not possible

11. ICWA AND ACTIVE EFFORTS – applicable to children in county custody who are enrolled or eligible for enrollment in a federally recognized Indian tribe

The Indian Child Welfare Act *DOES/DOES NOT* apply. *If it does apply, list Tribal information:*

Document:

- *Detail all the evidence the agency has about a child's connection to a Tribe.*
- *Detail efforts used to identify and work with the Tribe(s) of which there is:
 - a. *Reason to know the child may be a member or eligible for membership AND*
 - b. *Verification the child is a member or their biological parent is a member and the child is eligible for membership;**
- *If received, include the Tribe's written statement declaring the Indian child's eligibility for membership; AND*
- *Detail the assistance provided to the family in formally enrolling the Indian child or establishing membership of the Indian child*
- *State the order of placement preference:
 - a. *A member of the child's extended family.*
 - b. *A foster home licensed or specified by the Tribe.*
 - c. *An American Indian foster home approved by the state.*
 - d. *A group home or facility approved by a Tribe or operated by an American Indian organization that has a program suitable to meet the child's needs.**

****Must follow placement preferences unless good cause exists not to comply. If not following placement preference state the reason for that assertion or belief. Good cause should be based upon:*

- a. *Preference of parents after reviewing placement options,*
- b. *Request of the child,*
- c. *Presence of sibling(s),*
- d. *Unavailability of placement after a diligent search, or*
- e. *Unavailability of a placement based on the Indian community's cultural standards.*

Good cause not to follow placement preferences cannot be based on ordinary bonding and attachment or the socioeconomic status of one placement versus another.

- *Detail the "active efforts", the agency has made to actively assist a family in making the changes necessary for an Indian child to return safely to their home and reunify with family.*
- *Invite and have available a QEW be present to testify regarding whether the child's custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.*

The following active efforts have been employed to safely reunify the child with the parent/guardian. *List active efforts provided by the agency and the outcome. Active efforts*

applies to the action or the intensive efforts made by the agency to reunify the family.

The following placement preferences have been made as outlined in Section 1915(b) of ICWA: *List the placement of the child. If unable to meet placement preferences as outlined in ICWA provide an explanation why.*

12. PERMANENCY GOAL/PLAN

Basic List of Goals

- Return Home
- To be placed with a fit and willing relative
- To be placed with a legal guardian
- To have parental right terminated
- To be placed for adoption
- APPLA – Another Permanent Planned Living Arrangement (**Limited to youth 16+ and only if all of the above have been ruled out**) Discuss with the child the option of APPLA and document their desire, justification of why, and compelling reasons why it's not in the best interest of the child to be placed permanently with a parent, relative or in a guardianship or adoptive placement as outlined in NDCC 27-20-02(15)(f).

That the current goal for this child is *list goal and provide details to support goal.*

If applicable:

That the concurrent goal for this child of *list goal and provide details*

13. TERMINATION OF PARENTAL RIGHTS

Defer to local State's Attorney's Requirements for this section

14. REASONABLE EFFORTS TO FINALIZE THE PERMANENCY PLAN **– Permanency Hearing judicial determinations are required at a minimum every 12 months and they MUST be documented in the court order**

That the agency has made the following reasonable efforts to meet the permanency goal and finalize the permanency plan. *Include efforts made to place the child permanently with a parent, relative or in a guardianship or adoptive placement. List all successful and not successful efforts the agency has made to meet the permanency goal/plan for the child. (Example: services that were offered/participated in/or declined, referrals within and to other agencies/organizations, medical/treatment, visits between parents/sibling/relatives, etc).*

Petitioner or Affiant may also offer a report on the progress or lack thereof of the services in place.

15. TRANSITION TO SUCCESSFUL ADULTHOOD - INDEPENDENT LIVING SERVICES required for youth 14+

That the following services have been offered or are in place that have/will assist the child in transitioning to adulthood. *List all Independent Living Services (NYTD) categories provided to the youth, indicate whether or not the youth is currently participating in the voluntary Chafee IL program, and identify other community independent living opportunities the youth has engaged in (Life skills classes at school, employment training through Voc Rehabilitation, etc.)*

16. REASONABLE AND PRUDENT PARENT STANDARDS

Provide detailed documentation of the steps the State agency is taking to ensure that:

- a) the child's foster care provider is following the reasonable and prudent parent standard; and
- b) the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

List how the provider is offering "normalcy" to the foster youth and permitting the foster child to engage in typical, developmentally, age appropriate activities while under their direct care/supervision. List the normalcy activities the youth is allowed to encounter, etc. (Working part time at..., going to school, attending basketball games, playing on a co-ed softball team, etc.)

17. AGENCY CUSTODY, CARE, AND PLACEMENT AUTHORITY - Judicial determination required

That _____ County Social Services requests a hearing be held on the basis of the stated deprivation /unruly adjudications/allegations and is requesting custody and placement authority of the above stated child for a period of _____.

If Applicable, if child continues in an **Out of State placement:**

That out of state placement continues to be appropriate for the following reasons(s): *Explain the nature of the out of state placement (relative, treatment needs, etc.)*

End of sworn statement.

SIGNATURE AND NOTARY

Dated at _____, North Dakota, on this _____ day of _____, 201_____.

Affiant / Social Worker / Petitioner

Subscribed and Sworn to before me on this _____ day of _____, 201_____.

(S E A L)

Notary Public

County, State of North Dakota