Date Prepared	Name of Social Worker	Telephone Number (Social Worker)	For FCA Use Only: Date Received	Time Received

Cumberland County Family Court
96 Hour Report

Court File Number	Name of Juvenile (As Appears On Petition)

NOTICE TO DSS: THIS FORM SHALL BE COMPLETED AND PRESENTED TO THE ASSIGNED JUVENILE CASE MANAGER WITHIN 96 HOURS OF THE FILING OF A PETITION.

CHILDREN

List all children by (1) Full Name with (2) DOB (3) in age sequence order commencing with youngest child.

Name	DOB	Name	DOB

RESPONDENTS

List all respondents by full name and indicate the relationship of each to the child(ren).

Mother Name		Biological Father Name	
Legal Father Name		Putative Father Name	
Step-parent Name	(Relationship)	Caretaker Name	
Other	(Relationship)	Other	(Relationship)
Other	(Relationship)	Other	(Relationship)

SYNOPSIS OF PRESENT INVOLVEMENT

Provide a brief statement of the current case.

ORIGINAL - FAMILY COURT OFFICE/ JUVENILE CASE MANAGER **COPY - DSS ATTORNEY**

PRIOR INVOLVEMENT WITH DEPARTMENT OF SOCIAL SERVICES

List any and all prior involvement, to include substantiated or unsubstantiated investigations.

TREATMENT HISTORY

List any and all treatment services the family has received, from whom they received the services, and when the services occurred. (Provide present treatment and prior treatment.)