

Through their signatures, the undersigned acknowledge that this Memorandum of Understanding has been read to them, accurately reflects what occurred during the Child Planning Conference, and they have received a copy of the Memorandum of Understanding.

DATE:

<i>Mother</i>	<i>Mother's Attorney</i>	<i>Mother's GAL Attorney</i>
<i>Father</i>	<i>Father's Attorney</i>	<i>Father's GAL Attorney</i>
<i>Father</i>	<i>Father's Attorney</i>	<i>Father's GAL Attorney</i>
<i>GAL Volunteer</i>	<i>GAL Supervisor</i>	<i>GAL Attorney</i>
<i>DSS Social Worker</i>	<i>DSS Supervisor</i>	<i>CIP Project Director</i>
<i>DSS Social Worker</i>	<i>DSS Supervisor</i>	<i>County Attorney</i>
<i>Friends & Relatives</i>		
<i>Others</i>		
