

NORTH CAROLINA
_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____ J _____

IN THE MATTER OF:

SUMMARY OF ORDER

This matter having been heard by the undersigned judge on the date indicated below for Nonsecure Custody Disposition Review Hearing and the following is a summary of the Order entered by the Court.

1. **Legal Custody** of the child(ren) is placed with shall remain with
 the Alexander Iredell County Department of Social Services.
 the respondent parent(s) father. mother.
 other: _____ .
2. **Physical Custody** of the child(ren) is placed with shall remain with
 the Alexander Iredell County Department of Social Services.
 the respondent parent(s) father. mother.
 other: _____ .
3. That the Alexander Iredell County Department of Social Services physical custodian has:
 placement responsibility/
 authority to consent to medical, education and psychiatric needs of the minor child(ren).
4. That **visitation** shall take place:
 in the discretion of and as arranged by Alexander Iredell County Department of Social Services.
 other: _____ .
5. That the respondent parents mother father enter a **Voluntary Support Agreement** and pay child support pursuant to the North Carolina Child Support Guidelines.
6. That a Memorandum of Order for Mental Health Assessment has been entered on this date and the respondent parent(s) shall complete a mental health assessment pursuant to the terms of said Order and shall contain necessary and recommended treatment. Copies of such assessment(s) are to be delivered to the Court, the Alexander Iredell County Department of Social Services, the Guardian ad Litem, and to the attorney for such parent.
7. That the respondent parents mother father submit to a substance abuse assessment and sign such Consent for the Release of Confidential Alcohol or Drug Treatment Information as to allow copies of such assessment(s) to be delivered to the

Court, the Alexander Iredell County Department of Social Services, the Guardian ad Litem, and to the attorney for such parent. The parent(s) shall further comply with the recommendations of such assessment for treatment.

8. That the respondent parents mother father attend:
 individual counseling with Alexander Iredell County Department of Social Services mental health other: _____ .
 domestic violence counseling.
 abusers treatment group.
 AA/NA
 other: _____ .
9. That the respondent parent(s) shall:
 enter into a Family Services Case Plan with the Alexander Iredell County Department of Social Services.
 comply with the provisions of that Family Services Case Plan entered with the Alexander Iredell County Department of Social Services on (date) _____ .
10. That the respondent parent(s) shall **complete parenting classes.**
11. That the respondent parent(s) shall obtain maintain a **suitable residence.**
12. That the respondent parent(s) shall obtain maintain **gainful employment.**
13. That the child(ren) _____ receive counseling or therapy from the Alexander Iredell County Mental Health
 other _____ .
14. Other: (attach additional sheets, if necessary)

15. That this matter will be reviewed by the Court on (date) _____ .

Entered the _____ day of _____ , _____

JUDGE PRESIDING