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**GLENN A. GRANT, J.A.D.**  
Acting Administrative Director of the Courts

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**DIRECTIVE #16-17**

**[Supersedes Directive #04-10]**

[Questions or comments may be directed to  
(609) 815-2900, ext. 55350]

**TO: Assignment Judges  
Family Presiding Judges  
Trial Court Administrators**

**FROM: Glenn A. Grant, J.A.D.** 

**SUBJECT: Family – Children in Court – Better Protection for Children -- Improved Oversight of Abused and Neglected Children in Foster Care**

**DATE: June 23, 2017**

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**Overview**

This Directive promulgates revised policies approved by the Supreme Court with respect to Children in Court (CIC) cases.

Since the 1990s, the New Jersey Judiciary has dramatically reformed the way it oversees the welfare of abused and neglected children. To continue to improve protection for New Jersey's children, the Supreme Court adopted a policy recommendation by the Conference of Family Presiding Judges in 2010 where responsibility for monitoring abused and neglected children in foster care be assigned to Superior Court judges. This direct judicial oversight of abused or neglected children in foster care necessitated refocusing the work performed by the Child Placement Review (CPR) boards.

This policy, the basis of which is the protection of children, includes the following elements:

1. a. The judge will conduct reviews of children in foster care (FC docket) whenever there is also a pending abuse/neglect case (FN docket) or a guardianship case (FG docket, termination of parental rights). These cases are generally referred to as litigated cases. The court will conduct a hearing to review these cases every two to three months. CPR boards will conduct a "CPR Board Initial Review," at 60 days in these cases and will gather information vital to obtaining a permanent home for the child. Because of the judge's direct oversight role, however, the CPR boards are not required to conduct

subsequent reviews in litigated cases. A protocol and forms to be used by CPR boards in the "CPR Board Initial Review" are attached.

b. In "voluntary placement" cases, CPR boards conduct the CPR Board Initial Review, as well as status reviews and annual permanency reviews. A voluntary placement case is a case in which the Division of Child Protection and Permanency (DCP&P) has placed the child out of the home pursuant to a voluntary agreement signed by the parent. In such cases, there are no allegations of abuse or neglect and DCP&P has not filed an abuse or neglect complaint case against the parent.

2. The court has exclusive oversight of cases after parental rights have been terminated and a child remains in placement. These are known as "Post-Term" cases. In these cases, the court will conduct a hearing to monitor the child's placement until the child has achieved permanency. Because the court will be monitoring these Post-Term cases closely, CPR board reviews of these children are not scheduled.

## **History**

**Foster Care Placements:** In 1978, the CPR Act, N.J.S.A. 30:4C-50, et seq., established citizen review boards as an arm of the courts to review children in foster care placements. The CPR board process was created at a time when most removals of children from their homes were through so-called voluntary placement agreements between DCP&P and a child's parent(s). When a parent was accused of abuse or neglect, DCP&P would ask the parent to sign an agreement relinquishing custody to DCP&P so that DCP&P could place the child in a temporary foster home. In that situation, only an FC case is established. Judges had only limited oversight of voluntary placement cases, specifically, an initial review of the child's case file 15 days after the child's placement, occasional summary hearings, and entry of the annual permanency order. CPR boards conducted in-person reviews and made recommendations for the judge's consideration.

The CPR board process described in the preceding paragraph predated the enactment of the 1997 federal Adoption and Safe Families Act (ASFA), which requires state child welfare systems to focus on the safety of children in foster care and to find permanent homes through adoption or other permanent placement. In 2005, DCP&P eliminated voluntary placements involving abused or neglected children; DCP&P now files a formal complaint (FN docket) with the court for every such litigated case. Voluntary placements are now used only in cases where abuse or neglect has never been alleged.

Judges oversee all litigated cases involving abused or neglected children, with each case reviewed by a judge every two to three months. Attorneys represent the children and the parents in these cases.

To keep pace with changes in the law and with DCP&P reforms, the Judiciary has significantly expanded judicial oversight of children in foster care. That expanded judicial oversight has been aided by a number of federally funded initiatives:

- Improvement of the Judiciary's computerized case information system so as to permit judges and court administrators to identify the number of children in placement, the reason for the placement, and the length of time in placement. The system generates reports to assist the courts in ensuring timely review and resolution of these children's cases.
- Implementation of a mediation program for child welfare cases. Mediation provides an opportunity for parents and foster parents (also known as resource parents) to be heard and to understand the child welfare process and promote positive outcomes for the children.
- Assistance in establishment and the continuing operation of Court Appointed Special Advocate (CASA) programs in every court vicinage. CASA volunteers handle one case at a time and conduct valuable on-site investigations, in-person interviews and report their observations to the court.
- Development of a tracking component for adoption cases to the Judiciary's existing computerized case information system.

**Review of Post-Term Cases:** ASFA created a timeline to ensure that in those cases where a child in foster care cannot be reunited with his or her parents, a termination of parental rights (TPR) complaint is filed in a timely manner. This has caused an increase in TPR filings and an increase in children legally free to be adopted after TPR is granted.

Since New Jersey's enactment of ASFA in 1999, there has been an increase in the number of children legally free for adoption. It is crucial that these children not remain too long in this unresolved legal and social status. To address that concern, in January 2005, the Essex Vicinage implemented a Post-Term Project in which the cases of Post-Term children are reviewed on a regular basis by judges rather than by CPR boards. The Essex project has been highly successful in providing permanent homes for these children more quickly than the previous process. It has significantly reduced the number of Post-Term children in the Essex Vicinage.

Following the establishment of the first Post-Term Project in Essex, a number of other vicinages have implemented similar projects over the last three years. Each of these Post-Term Projects resulted in more children achieving permanency. The regular judicial review of Post-Term cases ensures that children in placement are receiving appropriate services to provide for their well-being. This is the basis for the decision to expand direct judicial oversight of Post-Term cases statewide.

## **Policies**

### **1. Judicial Oversight in Litigated Cases and the "CPR Board Initial Review"**

The Judiciary will continue to improve the oversight of children in foster care by refining CPR board activities as needed.

In 2009, the federal government conducted its Child and Family Services Review (CFSR) of DCP&P operations. The CFSR identified a number of areas needing improvement. The CPR Board Initial Review included a number of items to address the CFSR's concerns. Those items are described below.

### CPR Boards -- Litigated cases

As noted above, in litigated cases, CPR boards will review a child in foster care only once, at 60 days after DCP&P places the child. The CPR Board Initial Review procedure provides a structured and informative session for parents, foster parents, DCP&P caseworkers and other child welfare stakeholders.

At this early stage of the case, the CPR board will be responsible for gathering information regarding the child's placement and any potential barriers to finding a permanent home for the child. Among other things, the CPR board will obtain the following information at the CPR Board Initial Review:

- Whether DCP&P has placed siblings together in foster care.
- Whether DCP&P has promoted sufficient visitation between the child and his or her parents and between the child and his or her siblings.
- Whether DCP&P sought and assessed relatives as placement options.
- Whether DCP&P assessed the child, parents, and foster parents for services and provided necessary services to them.
- Whether DCP&P has scheduled a comprehensive medical examination for the child.
- Whether DCP&P has ensured that the child remains in his or her same school where appropriate when the child is placed in a foster home located in a different school district.

All of these points of focus help address concerns raised by the federal government's CFSR.

CPR boards will have meaningful participation in litigated cases because the CPR Board Initial Review gathers a range of information necessary to address the child's needs. Importantly, it does not duplicate the judge's oversight of the child. DCP&P caseworkers or their supervisors are required to attend the CPR Board Initial Review.

### CPR Boards -- Voluntary placement cases

For the voluntary placement cases, the CPR boards will conduct other reviews in addition to the CPR Board Initial Review. These CPR board reviews include status reviews and special reviews.

The purpose of a status review is to monitor one or more aspects of a case. It may be requested at any time. Thus, the CPR board may have requested specific information (for example, the results of psychological evaluations) and the results are reviewed and discussed, from the perspective of keeping the case on track. No notice to parties is required and no recommendation form is completed.

The CPR board may conduct a special review in limited situations. If DCP&P proposes to return a child home, even though the return home is either prohibited by the placement plan or contingent on certain conditions in the placement plan that have not been met, DCP&P notifies the CPR board and the court in writing. The CPR board then may conduct a special review

within 15 days to consider and evaluate the reasons for the proposed action and determine whether the action ensures the safety and serves the best interests of the child. This is a full CPR board review. All parties are given notice of this review, and the CPR board drafts recommendations and a court order for the judge to consider.

The judge in voluntary cases will continue to: (1) conduct a file review to determine the appropriateness of the child's placement 15 days after DCP&P places the child in foster care; (2) review the CPR board's permanency recommendations; and (3) conduct summary hearings as necessary.

## **2. Judicial Oversight of Children after Termination of Parental Rights**

As noted above, the courts expedite adoptions through intense judicial oversight of children whose parents' parental rights have been terminated. Under these Post-Term Projects, judges, not CPR boards, oversee the child's foster care placement until the child is adopted or has been placed in some other permanent home. To this end, the Supreme Court approved a CIC Standard for the review of Post-Term cases. The core of this Standard is that after the court has terminated a parent's rights, the court, not the CPR board, oversees the child's placement until the child is adopted or has obtained another permanent placement. Because the court monitors these Post-Term children closely, a CPR board review of these children is not required.

The CIC Standard is:

Following the completion of a Termination of Parental Rights case where a Judgment of Guardianship has been issued, the court shall set a return date within 90 days to review the status of each child. When adoption is the goal, the purpose of the summary hearing is to track the status of the filing of an adoption complaint. Subsequent summary hearings before the court shall be held at least every 90 days, or less frequently in the judge's discretion until such time as the adoption complaint is filed.

For those children whose case goal is no longer adoption, the court shall schedule a summary hearing within 90 days. The focus of the summary hearing shall be on eliminating barriers to permanency. Subsequent summary hearings before the court shall be held at least every 90 days, or less frequently in the judge's discretion until such time as permanency has been achieved.

Notice of this hearing shall be provided to the resource parent. The Deputy Attorney General and Law Guardian are required to be present for the hearings. A Court Appointed Special Advocate, if assigned, shall provide a report to the court and counsel at least one week before the hearing and may attend the hearing. The child also may attend the hearings at the court's discretion.

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**EDITOR'S NOTE**

\*2017 Update - This Superseding Directive includes the following technical amendments:

References to the 45 Day Review were updated to reflect a legislative amendment, P.L.2016, c.90, which provides that a CPR Board Review takes place at 60 days after a child's placement in foster care rather than 45 days.

The reference to the Division of Youth and Family Services has been changed to reflect the reorganization of the Department of Children and Families effective July 2, 2012. The Division of Youth and Family Services (DYFS) is now the Division of Child Protection and Permanency (DCP&P).

The originally issued directive requested implementation plans from all vicinages and listed future training dates. Because the policy outlined in this directive was implemented in 2010, references to implementation and training have been removed.

Technical revisions were made to the Children in Court Operations Manual and the following forms: Child Placement Review - Initial Review Checklist (CN 10193); Initial Review - Child Placement Review Board Recommendation to the Judge (CN 11355); Voluntary Placement Review Board Recommendation to the Judge (CN 11354); Child Placement Review Order for Voluntary Placements Only (CN 10253).

09/30/2014 - A revised 45 Day Review / Special Review Order (CN 10253) and a revised Order to Show Cause for Temporary Custody (CN 10260) were promulgated.

06/24/2013 - A revised 45 Day Review - Review Board Recommendation to the Judge Form (CN 11355) and a revised Voluntary Placement - Review Board Recommendation to the Judge Form (CN 11354) were promulgated by Directive #04-13.

3/9/2010 - Directive #04-10 -- Originally issued by Glenn A. Grant, J.A.D., Acting Administrative Director.

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**Attachments**

cc: Chief Justice Stuart Rabner  
Attorney General Christopher S. Porrino  
Commissioner Allison Blake, DCF  
Public Defender Joseph Krakora  
Steven D. Bonville, Chief of Staff  
AOC Directors and Assistant Directors  
Ann Marie Fleury, Special Assistant  
Melaney S. Payne, Special Assistant  
David Tang, Chief  
Family Division Managers  
Krista Carbone, Family Practice Division  
Stephanie Ullman, Family Practice Division  
Kathy Haggerty, Family Practice Division



New Jersey Judiciary  
**Child Placement Review - Initial Review Checklist**

|               |                    |
|---------------|--------------------|
| Child's Name: | Docket Number: FC- |
|---------------|--------------------|

The CPR Board Initial Review Recommendation to the Judge form (CN 11355) must be used for all initial reviews, for voluntary placements and litigated cases. The Division of Child Protection and Permanency (the Division) will be required to provide the court with the Department of Children and Families (DCF) court report at least 10 days before the initial review.

## **Information to be provided to all participants**

### **Guides and Brochures**

The Child Placement Review (CPR) board must provide the following guides, brochures and informational materials to parents and resource families who appear at the Initial Review:

- What You Need to Know about the Division Court Process: A Guide for Resource Parents
- Parent Calendar (if available and the court has not provided it) - Judiciary Produced
- Parents' Handbook
- A Guide for Parents: When Your Child is in Foster Care – Division Produced
- Child Abuse and Neglect Handbook: A Guide for Parents Involved in Child Abuse or Neglect Cases in NJ – Written & Published by Legal Services of NJ

### **Adoption and Safe Families Act**

The CPR board must explain the key points of the Adoption and Safe Families Act of 1997 (ASFA) to parents and resource families who appear at the Initial Review. These points include the child's safety, the child's need for permanency, and strict timeframes to achieve permanency.

ASFA is a federal law that is intended to assist child welfare agencies to balance family preservation and reunification with the child's health, safety and need for permanency.

**Safety** -- ASFA requires that a child's safety be the paramount concern when a child is placed outside of his or her home. The Division will develop a permanent plan for a child that could be family reunification, adoption or some other permanent alternative placement.

**Permanency** -- ASFA requires the court to conduct a permanency hearing to consider whether the division's permanency plan is appropriate. The permanency plan addresses the child's need for permanency through:

- return to the home, if the child can be returned home without endangering the child's health or safety;
- adoption, if family reunification is not possible; or

- an alternative placement plan, if termination of parental rights is not appropriate.

Any court hearing may serve as a permanency hearing to provide judicial review and approval of a permanency plan for a child if the requirements for a permanency hearing are met.

**Timeframes** -- The permanency hearing must be held when the division is not required to make reasonable efforts to reunify a child with his or her parents or no later than when a child has been in out-of-home placement for 365 days.

ASFA requires the division to seek termination of parental rights when grounds are established, but no later than when a child has been in placement for 15 out of the most recent 22 months, unless one of the following exceptions is met: (1) the child is being cared for by a relative; (2) the division has documented a compelling reason why termination of parental rights would not be in the child's best interests; or (3) the division has not provided to the child's family the services necessary for the child's safe return home.

These timeframes give parents a limited amount of time to get their children back. It is important for parents to cooperate with court orders so that their children can be returned as quickly as possible. It is also important for the division to act quickly to provide families with the services they need after a child goes into foster care.

### **General Instructions regarding this checklist**

The following must be documented in the Board Recommendation section of the Board Recommendation to the Judge form:

- Any missing information
- The division's comments regarding missing information
- Generally, unless otherwise indicated in the checklist, if "No" is checked, the CPR board must advise the court that further action may be necessary.

- ☐ Informational materials provided to participants
- ☐ Adoption and Safe Families Act explained to participants

### I. Parent/Caregiver information

|                                                            | Parent / Caregiver 1 | Parent / Caregiver 2 | Check box if missing     |
|------------------------------------------------------------|----------------------|----------------------|--------------------------|
| 1. Name                                                    |                      |                      | <input type="checkbox"/> |
| Aliases                                                    |                      |                      | <input type="checkbox"/> |
| 2. Relationship to Child                                   |                      |                      |                          |
| 3. Address / Contact Phone                                 |                      |                      | <input type="checkbox"/> |
| 4. Employment address/phone                                |                      |                      | <input type="checkbox"/> |
| 5. The Division's efforts on search for parent / caregiver |                      |                      | <input type="checkbox"/> |

### II. Visitation with parents/caregiver

|                                                                                                                                                                                       |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| A. Visitation is occurring between the child and parents/caregivers                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Did the Division provide transportation?                                                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Is there a current visitation schedule?                                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Last contact with caregiver:                                                                                                                                                       |                              |                             |
| <b>Siblings</b>                                                                                                                                                                       |                              |                             |
| a. The child has siblings <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> more than 4 sibling(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, skip to Child's Information Section                                                                                                                                            |                              |                             |
| b. The siblings are in placement                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. The siblings have been placed together                                                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Last contact with Siblings:                                                                                                                                                        |                              |                             |

### III. Relatives and friends information

☐ No Relatives or Friends Have Been Identified

| Name                  | Address | Phone | Relationship to child | The Division has assessed this person as possible permanent placement |
|-----------------------|---------|-------|-----------------------|-----------------------------------------------------------------------|
| 1.                    |         |       |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| 2.                    |         |       |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| 3.                    |         |       |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| Reason For Placement: |         |       |                       |                                                                       |
|                       |         |       |                       |                                                                       |
|                       |         |       |                       |                                                                       |
|                       |         |       |                       |                                                                       |
|                       |         |       |                       |                                                                       |

### IV. Paternity

|                                   |                                                          |
|-----------------------------------|----------------------------------------------------------|
| 1. Paternity has been established | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. A paternity test is necessary  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### V. Child information

|                                                                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Child's date of birth:                                                                                           |                                                          |
| 2. The Division has the child's birth certificate                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. The Division has the child's social security card                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. The Division has the child's Medicaid card                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. The Division scheduled the comprehensive medical examination<br>Date:                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. The Division scheduled the health evaluation<br>Date:                                                            |                                                          |
| 7. The Division scheduled an Early Intervention Program (EIP) assessment (for children ages zero to three)<br>Date: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. The Division has provided a completed Child's Health and Medical Examination Record Form                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Medical Release Forms Signed                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. The Division has provided a copy of the child's immunization record                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. The Division has scheduled a dental exam. Date:                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. The Division scheduled a mental health assessment<br>Date:                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|               |                    |
|---------------|--------------------|
| Child's Name: | Docket Number: FC- |
|---------------|--------------------|

|                                                                                  |                              |                             |
|----------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 13. The Division has provided a completed Child's Education Record Form<br>Date: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------|------------------------------|-----------------------------|

|                                                                                                                                                    |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 14. Child enrolled in school<br>If yes, where _____<br>Any additional information (e.g., name of school, grades, behavior assessments, attendance) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

**VI. Services Needed to achieve permanency** (check all that apply)

- ☐ Substance abuse evaluation/treatment
- ☐ Mental health evaluation/treatment
- ☐ Housing
- ☐ Income assistance
- ☐ Employment/vocational services
- ☐ Homemaker services
- ☐ Daycare
- ☐ Parent education
- ☐ Low cost medical services
- ☐ Bilingual services
- ☐ Educational services

**VII. Independent Living information**

|                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For children 14 years of age or older, Independent Living may be the child's permanency plan. Complete this section if the child is 14 years of age or older. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                         |
|-------------------------------------------------------------------------|
| What is the plan for independent living that is being explored? Explain |
|-------------------------------------------------------------------------|

**VIII. Repeated placement - N.J.S.A. 30:4C-53.3**

|                                                                                                                                       |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| If this is a repeated placement, did the Division submit a repeat placement plan within 30 days after the child's repeated placement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|



**New Jersey Judiciary**  
**Superior Court - Family Division**  
**Initial Review -- Child Placement Review (CPR)**  
**Board Recommendation to the Judge**

County of \_\_\_\_\_  
 Review Date \_\_\_\_\_  
 Board # \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------|
| Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                | Date of Birth                                                                                                                                                                                                                                                                                                                                                                   | Age                                                                 | Division Case Manager / Supervisor |
| NJSpirit Participant #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                    |
| Docket Numbers:<br>FC-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FN-<br>Next FN court date                                                                                                      | FG-<br>Next FG court date                                                                                                                                                                                                                                                                                                                                                       | FJ-<br>FF-<br>Next FJ-FF court date                                 |                                    |
| Date of Current Placement<br><br>Authority for Placement<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Independent Living<br><input type="checkbox"/> Court Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Repeated Placement<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If yes, Date of original placement _____ |                                                                                                                                                                                                                                                                                                                                                                                 | Date of Family Summary / Case Plan /<br>Court Report -- Out-of-Home |                                    |
| <b>Division Placement Type (Short Term Plan)</b><br><input type="checkbox"/> Resource Home – Relative – Family Friend<br><input type="checkbox"/> Resource Home – Non-Relative<br><input type="checkbox"/> Group Home<br><input type="checkbox"/> Institution (Med / Rehab / Psych)<br><input type="checkbox"/> Residential Facility (Educ / Treatment)<br><input type="checkbox"/> Other (explain) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                | <b>Division Long Term Goal</b><br><input type="checkbox"/> Reunification w/ Parent / Guardian<br><input type="checkbox"/> Permanency w/ Relative / Family Friend<br><br><b>If the Long Term Goal is Adoption:</b><br><input type="checkbox"/> Relative <input type="checkbox"/> Resource Parent(s) <input type="checkbox"/> Selected Home <input type="checkbox"/> Undetermined |                                                                     |                                    |
| 1. Agency placement plan for this child is consistent with <u>N.J.S.A. 30:4C-55, -58 and -60</u> <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span><br><br>2. <b>Current goal is</b> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable<br><b>Current plan is</b> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable<br><br>3. <b>Date the Division proposed goal / plan is to be achieved:</b> _____ <b>Date satisfies Review Board?</b> <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span><br><b>If No, Review Board goal date:</b> _____<br><br>4. Is there a <b>current health form</b> ? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span><br><br>5. Is there a <b>current education form</b> ? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span><br><br>6a. Is there an <b>independent living assessment</b> ? (if child is over 14 yrs., attach documentation) <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span><br><br>6b. Is there a <b>current independent living plan</b> ? (if child is over 16 yrs., attach documentation) <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                    |
| <b>Appearances:</b><br><input type="checkbox"/> Parent <input type="checkbox"/> Parent <input type="checkbox"/> Resource Family(s) <input type="checkbox"/> Division Supervisor <input type="checkbox"/> Division Caseworker<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                    |

Board members attending review (initials only)

☐ Chairperson \_\_\_\_\_ ☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_

Reasonable Efforts

Have the Division's **reasonable efforts to prevent** the placement been documented on the Initial Court Order or on the Order to Show Cause? ☐ Yes ☐ No

**If No, what were the reasonable efforts?**

Board Recommends & Additional Comments:



**New Jersey Judiciary  
Superior Court - Family Division  
Voluntary Placement**

County of \_\_\_\_\_  
Review Date \_\_\_\_\_  
Board # \_\_\_\_\_

**Review Board Recommendation to the Judge**

**Review Type:** ☐ Status ☐ Special ☐ Permanency

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                            |                                                                                                                                                                                                             |                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|
| Child                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date of Birth                                                                                                              | Age                                                                                                                                                                                                         | Division Case Manager / Supervisor                               |  |
| NJSpirit Participant #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                            |                                                                                                                                                                                                             |                                                                  |  |
| <b>Docket Numbers:</b><br>FN- _____<br>FC- _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | FG- _____<br>Next FG court date _____                                                                                      |                                                                                                                                                                                                             | FJ- _____<br>FF- _____<br>Next FJ-FF court date _____            |  |
| Date of Current Placement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Repeated Placement<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, Date of original placement _____ |                                                                                                                                                                                                             | Date of Family Summary / Case Plan / Court Report -- Out-of-Home |  |
| Authority for Placement<br><input type="checkbox"/> Residential<br><input type="checkbox"/> Independent Living                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                            |                                                                                                                                                                                                             |                                                                  |  |
| <b>Division Placement Type (Short Term Plan)</b><br><input type="checkbox"/> Resource Home – Relative – Family Friend<br><input type="checkbox"/> Resource Home – Non-Relative<br><input type="checkbox"/> Group Home<br><input type="checkbox"/> Institution (Med / Rehab / Psych)<br><input type="checkbox"/> Residential Facility (Educ / Treatment)<br><input type="checkbox"/> Other (explain) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                            | <b>Division Long Term Goal</b><br><input type="checkbox"/> Reunification w/ Parent / Guardian<br><input type="checkbox"/> Permanency w/ Relative / Family Friend<br><input type="checkbox"/> Other _____    |                                                                  |  |
| <b>1. Agency placement plan for this child is consistent with N.J.S.A. 30:4C-55, -58, and -60.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                            | <b>2. Current goal is</b> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable<br><b>Current plan is</b> <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable |                                                                  |  |
| <b>3. Date the Division proposed goal / plan is to be achieved:</b> _____<br>If No, Review Board goal date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                            | <b>Date satisfies Review Board?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                |                                                                  |  |
| <b>4. Is there a current health form?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                    |                                                                  |  |
| <b>5. Is there a current education form?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                    |                                                                  |  |
| <b>6a. Is there an independent living assessment? (if child is over 14 yrs., attach documentation)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                    |                                                                  |  |
| <b>6b. Is there a current independent living plan? (if child is over 16 yrs., attach documentation)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                    |                                                                  |  |
| <b>After Reviewing All Information Presented, the CPR Review Board Recommends the Following (choose only one):</b><br><input type="checkbox"/> A. Continued placement of the child outside of the home is not in the child's best interest and the child should be returned home within two (2) weeks and the Division or designated agency, as appropriate, shall provide reasonable and available services which are necessary to implement the return home.<br><input type="checkbox"/> B. Continued temporary placement outside of the home is in the child's best interest until the long-term goal is achieved.<br><input type="checkbox"/> C. Continued temporary placement outside of the home is in the child's best interest, but there is not sufficient information for the board to make a recommendation, therefore, the board requests the court to order the Division or designated agency, as appropriate, to provide the needed information within two (2) weeks of the Court Order. |  |                                                                                                                            |                                                                                                                                                                                                             |                                                                  |  |
| <b>In addition, we further request: (choose one or more)</b><br><div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 1. Sufficient information to be provided within two (2) weeks<br/>Date: _____<br/> <input type="checkbox"/> 2. Case plan to be modified within thirty (30) days<br/>Date: _____<br/> <input type="checkbox"/> 3. New plan and goal to be reviewed within thirty (30) days           </div> <div style="width: 48%;"> <input type="checkbox"/> 4. Summary Hearing<br/> <input type="checkbox"/> 5. CASA assigned<br/> <input type="checkbox"/> 6. Red Flag - special conditions exist<br/> <input type="checkbox"/> 7. Other _____           </div> </div>                                                                                                                                                                                                                                                              |  |                                                                                                                            |                                                                                                                                                                                                             |                                                                  |  |

Voluntary Placement – CPR Board Recommendation

Child's Name: \_\_\_\_\_ Docket #: FC- \_\_\_\_\_ Review Date: \_\_\_\_\_

**Appearances:**

- ☐ Parent ☐ Parent ☐ Resource Family(s) ☐ Division Supervisor ☐ Division Caseworker  
☐ Other \_\_\_\_\_

Board members attending review (initials only)

☐ Chairperson \_\_\_\_\_ ☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_ ☐ Board Member \_\_\_\_\_

Original reason(s) for placement / Case Summary

Reunification / Risk to child

- ☐ The conditions / circumstances leading to the removal of the child have improved and it is safe to return the child home at this time or in the near future for the reasons set forth here: \_\_\_\_\_  
☐ It is **NOT** and will **NOT** be safe to return the child home in the foreseeable future because: \_\_\_\_\_

Reasonable Efforts

Has the Division provided **reasonable efforts to finalize the permanent plan** including reunification where appropriate? ☐ Yes ☐ No

**Explain:**

Compliance

- ☐ One or more parties are complying with the Division's plan (explanation) \_\_\_\_\_  
☐ One or more parties are not complying with the Division's plan (explanation) \_\_\_\_\_

Board Recommends & Additional Comments:

Termination of Parental Rights: **(Permanency Reviews Only)**

- ☐ Termination of Parental Rights was granted on the date listed below:  
 Parent \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
 Parent \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
☐ Termination of Parental Rights to be followed by Adoption is an appropriate plan because: \_\_\_\_\_  
☐ This case is **an exception** to the requirement to file Termination of Parental Rights because:  
☐ The child is living with a relative  
☐ The Division has not provided necessary services to effect family reunification  
☐ The following compelling reasons exist in this case:  
 \_\_\_\_\_  
☐ Permanent reason **OR** ☐ until this date \_\_\_\_\_

In the Matter of:

**SUPERIOR COURT OF NEW JERSEY  
CHANCERY DIVISION - FAMILY PART**

County of \_\_\_\_\_

Docket Number: FC - \_\_\_\_\_

NJSpirit Case #: \_\_\_\_\_

**Civil Action**

**For Voluntary Placements Only**

☐ CPR Initial Review Order

☐ CPR Special Review Order

\_\_\_\_\_  
Child,

NJSpirit Participant #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This matter having come before the Child Placement Review Board \_\_\_\_\_, 20\_\_, for review under the Child Placement Review Act (*N.J.S.A. 30:4C-50 et seq.*); and the Court, having reviewed the report and findings of the Child Placement Review Board and any additional written materials submitted, the Court adopts the determination of the Board and in the presence of:

the child \_\_\_\_\_, ☐ appearing / ☐ not appearing,

the Parent/Guardian \_\_\_\_\_ ☐ appearing / ☐ not appearing,  
☐ noticed / ☐ not noticed, represented by

Attorney \_\_\_\_\_ ☐ appearing / ☐ not appearing

the Parent/Guardian \_\_\_\_\_ ☐ appearing / ☐ not appearing,  
☐ noticed / ☐ not noticed, represented by

Attorney \_\_\_\_\_ ☐ appearing / ☐ not appearing

Division of Child Protection and  
Permanency (Division)

Caseworker/Supervisor \_\_\_\_\_ ☐ appearing / ☐ not appearing

Division Phone number: \_\_\_\_\_ ext.: \_\_\_\_\_

Court Appointed Special Advocate \_\_\_\_\_ ☐ appearing / ☐ not appearing

Resource Family member [initials only] \_\_\_\_\_ ☐ appearing / ☐ not appearing

Resource Family member [initials only] \_\_\_\_\_ ☐ appearing / ☐ not appearing

Other \_\_\_\_\_ ☐ appearing / ☐ not appearing

**It Is on This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_, Ordered That:**

- ☐ A. The child be returned to his/her parent(s) or legal guardian(s) within 2 weeks and the Division shall provide reasonable and necessary services to implement a return home.
- ☐ B. The child shall be continued in placement outside the home on a temporary basis until the long-term goal is achieved.
- ☐ C. The child shall continue in placement outside of the home on a temporary basis, however,
- ☐ 1. There is insufficient information for the board to make a recommendation, therefore, the board requests the court to order the Division to provide the following information to the court within 2 weeks of this order:

- ☐ 2. The placement plan does not satisfy the criteria provided in *N.J.S.A. 30:4C-58*, and therefore, the placement plan shall be modified within 30 days of this court order.
- ☐ 3. The plan and goal do not satisfy the criteria provided in *N.J.S.A. 30:4C-58*, and therefore, a new plan and goal shall be developed within 30 days of this court order.

***Failure to submit the requested information in a timely manner may result in the Board's request for a Summary Hearing.***

- ☐ 4. This case shall be scheduled for a Summary Hearing on \_\_\_\_\_, 20\_\_, at \_\_\_\_\_ a.m.
- ☐ 5. A Court Appointed Special Advocate is to be assigned in this case.
- ☐ 6. **RED FLAG (limited to FC cases with no concurrent FN or FG docket):** Return home is prohibited until the Court approves the Division's proposed action and orders the return home of the child.
- ☐ 7. **It Is Further Ordered That:**

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

- ☐ 8. A board review is to be held on \_\_\_\_\_, 20\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
 \_\_\_\_\_, J.S.C.

(Numbering on this order conforms with the Review Board Recommendation to the Judge Form for Voluntary Placement Cases)

**These proceedings are confidential. The disclosure of any records, reports or information is strictly prohibited and subject to the penalties of *N.J.S.A. 9:6-8.10b*.**

**All prior orders not inconsistent with this order shall remain in full force and effect.**