

In the Juvenile Court of _____ County, Tennessee

Dependency and Neglect Decree Note Form

Hearing Scheduled for the _____ day of _____, 20____

Child	Docket/Petition # (Required)	Juvenile Name	Juvenile ID	DOB
1				/ /
2				/ /
3				/ /
4				/ /
5				/ /

Present in Court

<input type="checkbox"/> Child	<input type="checkbox"/> Mother	<input type="checkbox"/> Gal/ Attorney	<input type="checkbox"/> Father Attorney
<input type="checkbox"/> Father	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Guardian	<input type="checkbox"/> CASA
<input type="checkbox"/> DCS	<input type="checkbox"/> Y.S.O	<input type="checkbox"/> Mother Attorney	<input type="checkbox"/> DA
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

Type of Hearing: Appearance Settlement/Pretrial Conf. Ct. Rev. Trial Perm. Plan Ratification
 Prem. Hearing Adjudicatory Dispositional Motion

<p>Type of Order to be Entered: <input type="checkbox"/> Perm. Plan Order <input type="checkbox"/> Final Order- Case Disposed <input type="checkbox"/> Order of Continuance</p>	
<p><input type="checkbox"/> Case is set/ reset for: <input type="checkbox"/> Settle/Pt Conf ¼ <input type="checkbox"/> A/O submitted <input type="checkbox"/> Review ½ HR <input type="checkbox"/> Preliminary Hearing</p> <p>If Multiple Trial dates are set- must get new Docket # _____ On ____/____/20____, at _____ AM/PM</p> <p><input type="checkbox"/> Case is set/reset for : <input type="checkbox"/> Trial ½ HR <input type="checkbox"/> Trial 1 HR <input type="checkbox"/> Trial 1 ½ HR <input type="checkbox"/> Trial 2 HR <input type="checkbox"/> Trial 2 ½ HR <input type="checkbox"/> T..P.R. <input type="checkbox"/> Trial Half Day <input type="checkbox"/> Trial Full Day <input type="checkbox"/> Trial Multi Day: _____ Through _____ On ____/____/20____, at _____ AM/PM</p> <p><input type="checkbox"/> Case is set/reset for: <input type="checkbox"/> Court Review (Permanency Planning) <input type="checkbox"/> FCRB On ____/____/20____, at _____ AM/PM</p>	<p>Dispositions: <input type="checkbox"/> Dismissed <input type="checkbox"/> Withdrawn <input type="checkbox"/> Custody Change/Modified without Neglect/Abuse Adjud. <input type="checkbox"/> Dependent/Neglect <input type="checkbox"/> Abused <input type="checkbox"/> Severe Child Abuse <input type="checkbox"/> By agreement <input type="checkbox"/> Contested <input type="checkbox"/> Uncontested</p> <p>Neglect Related to: <input type="checkbox"/> Crack Cocaine <input type="checkbox"/> Other Drugs by: <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/> Foster Care Termination- Child no longer in Foster Care</p> <p>Case Outcomes: <input type="checkbox"/> Custody Ordered/Change <input type="checkbox"/> Child Support Ordered <input type="checkbox"/> Custody Ordered/Unchanged <input type="checkbox"/> Child Support Not Ordered <input type="checkbox"/> Custody to DCS <input type="checkbox"/> Child Support Modified <input type="checkbox"/> Visitation Ordered/Changed <input type="checkbox"/> Other <input type="checkbox"/> Visitation Ordered/Unchanged <input type="checkbox"/> Parental Rights Terminated <input type="checkbox"/> Placement with Relative or other individual <input type="checkbox"/> Paternity Determined/Legitimated <input type="checkbox"/> Paternity Not Determined/Not Legitimated</p> <hr/> <p align="center"> <input type="checkbox"/> Disposition Hearing <input type="checkbox"/> Review Hearing On ____/____/20____, at _____ AM/PM </p>

Court Cost: To be paid in 30 days.

\$52.50 \$75.00 Other \$ _____ To be paid by the child's parents and/or guardians, for which execution may issue.
 Waived Not assessed at this time Determined at Review Waived upon successful completion

Separate or additional order will be prepared by: By Judicial Officer By: _____

