

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN  
REPORT ON CHILD'S PLACEMENT STATUS

TO:

FROM:

**SECTION I - IDENTIFYING INFORMATION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**SECTION II - PLACEMENT STATUS**

Initial Placement of Child in Receiving State      **Date Child Placed in Receiving** \_\_\_\_\_  
Name of Resource: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Care: \_\_\_\_\_  
 Placement Change      **Effective Date of Change:** \_\_\_\_\_  
Name of Resource: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Care: \_\_\_\_\_

**SECTION III - COMPACT PLACEMENT TERMINATION**

Adoption Finalized       In Sending State       In Receiving State       Court Order Attached  
 Child Reached Majority/Legally Emancipated  
 Legal Custody Returned to Parent(s)       Court Order Attached  
 Legal Custody Given to Relative       Court Order Attached  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Treatment Completed  
 Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State  
 Unilateral Termination  
 Child Returned to Sending State  
 Child Has Moved to Another State  
 Proposed Placement Request Withdrawn  
Name of Placement Resource: \_\_\_\_\_  
 Approved Resource Will Not Be Used for Placement  
Name of Approved Placement: \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

**Date of Termination:** \_\_\_\_\_

**SECTION IV - SIGNATURES**

Person/Agency Supplying Information: \_\_\_\_\_ Date: \_\_\_\_\_

Compact Administrator, Deputy or Alternate: \_\_\_\_\_ Date: \_\_\_\_\_