

**THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT
WINNEBAGO COUNTY, ILLINOIS**

Judge		SA		Caseworker & Organization		GAL		CASA	
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CHILD	DOCKET NUMBER:				
	Child's Name/Sex/DOB Race & Ethnicity:	Child's Name DOB Gender, Race, Ethnicity			
	CYCIS ID Number:				
	Adjudication Date:				
MOTHER	Last, First, Middle Initial: Last known address: Race & Ethnicity: Date of Birth: Attorney:	Mother - Last Name, First Name, Middle Initial Last Known Address Race, Ethnicity, DOB Attorney:			
FATHER	FATHER Last, First, Middle Initial: Last known address: Race & Ethnicity: Date of Birth: Date Paternity Established: How Paternity Established: Attorney	Father - Last Name, First Name, Middle Initial Last Known Address Race, Ethnicity, DOB Date Established: Date Paternity Established Established By: Marriage Attorney:			
FATHER	FATHER Last, First, Middle Initial: Last known address: Race & Ethnicity: Date of Birth: Date Paternity Established: How Paternity Established: Attorney:	Father - Last Name, First Name, Middle Initial Last Known Address Race, Ethnicity, DOB Date Established: Date Paternity Established Established By: Marriage Attorney:			
PLACEMENT SINCE LAST COURT DATE	Initial Removal Date:				
	Placement Since: Placement Type: Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?
	Placement Since: Placement Type: Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?	_____, 20____ CIL-Cmty Integ Living Arrg Relative? In-State?

COURT DATE at : AM/PM HEARING TYPE:

Please submit all Reports 14 days before the Court Date