

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

<b>TO:</b>	<b>FROM:</b> Interstate Compact Coordinator Division of Child and Family Services 120 N. 200 W., Suite 225, Salt Lake City, UT 84103
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**SECTION I - IDENTIFYING INFORMATION**

<b>Child's Name:</b>	<b>Birthdate:</b>
<b>Mother's Name:</b>	<b>Father's Name:</b>

**SECTION II - PLACEMENT STATUS**

**Initial Placement of Child in Receiving State**    **Date Child Placed in Receiving State:**  
**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**Proposed Placement Request Withdrawn**  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**

<b>Person/Agency Supplying Information:</b>	<b>Date:</b>
<b>Compact Administrator, Deputy, or Alternate:</b>	<b>Date:</b>

**DISTRIBUTION:** Complete four (4) copies of this form.

- Sending Agency retains (1) copy and forwards completed original plus three (3) copies to:
- Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
- Receiving Agency Compact Administrator, DCA or alternate retains one (1) copy and forwards (1) copy to the Receiving Agency.