IN THE DISTRICT OF THE FIRST JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF *\*\*\*\*\**

MAGISTRATE DIVISION

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

In the Matter of: ) Case no. *CV- XXXX-XXX*

*Name of the child* )

*DOB 00/00/00*  )

) Permanency Report of the Guardian *ad Litem*

A Child under 18 years of age )

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

Insert photo of child(ren)

**Referral:**

**Guardian *ad Litem* Recommendations:**

Continued efforts at reunification.

Termination of parental rights and adoption.

Guardianship.

Another planned permanent living arrangement (APPLA) for youth 16 and older

**Additional Recommendations:**

***The GAL offers the following information since the last written report.***

**Expressed Wishes for Each Child (required):**

Child is not capable of expressing wishes.

Child is capable of expressing wishes.

Question asked: Is there anything you would like to share with the Judge regarding your living situation?”

Answer provided:

Comments:

**Guardian *ad Litem* Concerns:**

**Child Well-being:**

**Child Contacted:**

**Visitation:**

**Education for Each Child:**

**Medical for Each Child:**

**Current Services for Each Child:**

**Current Placement for Each Child:**

**Legal Cases Involving Child:**

**Parents’ Situation:**

1. **Mother:**
2. **Father:**

**Persons Contacted (collateral contacts):**

**Additional information:**

**Documents Reviewed Since Last Written Report:**

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct to the best of my knowledge.

Respectfully submitted this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

*Signature of GAL*

*Insert Name here*

Guardian *ad Litem*