

STATE TO TRIBAL COURT CASE TRANSFER

CONSIDERATIONS, RECOMMENDATION AND DETERMINATION

In the Matter of: \_\_\_\_\_ Date: \_\_\_\_\_

State Court Case No: \_\_\_\_\_ Related Case: \_\_\_\_\_

Alaska State Court:  Yes  No Other State: \_\_\_\_\_

Children/Tribal Affiliation (with contact information if not Kenaitze):

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

Biological Parents/Tribal Affiliation (with contact information if not Kenaitze): \_\_\_\_\_

\_\_\_\_\_

Service Area:  Within Kenaitze Indian Tribe Family Services Dept. Service Area  
City Where Child Resides: \_\_\_\_\_

Outside of Kenaitze Indian Tribe Family Services Dept. Service Area  
City/State Where Child Resides: \_\_\_\_\_

Current Guardians/Caretakers: \_\_\_\_\_

Special Needs:

Name of Parent 1: \_\_\_\_\_

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Physical Health	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Non-Existent	<input type="checkbox"/> Non-Existent	<input type="checkbox"/> Non-Existent
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe

Psychological Evaluation Needs:

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

Name of Parent 2: \_\_\_\_\_

<input type="checkbox"/> <i>Mental Health</i>	<input type="checkbox"/> <i>Physical Health</i>	<input type="checkbox"/> <i>Other: _____</i>
<input type="checkbox"/> Non-Existent <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Non-Existent <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Non-Existent <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Name of Current Guardian: \_\_\_\_\_

<input type="checkbox"/> <i>Mental Health</i>	<input type="checkbox"/> <i>Physical Health</i>	<input type="checkbox"/> <i>Other: _____</i>
<input type="checkbox"/> Non-Existent <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Non-Existent <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Non-Existent <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Name of Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

<input type="checkbox"/> <i>Mental Health</i>	<input type="checkbox"/> <i>Physical Health</i>	<input type="checkbox"/> <i>Other: _____</i>
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Name of Child 2: \_\_\_\_\_ Age: \_\_\_\_\_

<input type="checkbox"/> <i>Mental Health</i>	<input type="checkbox"/> <i>Physical Health</i>	<input type="checkbox"/> <i>Other: _____</i>
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

**Severity of Affliction:**

Name of Parent 1: \_\_\_\_\_

<input type="checkbox"/> <i>Substance Abuse</i>	<input type="checkbox"/> <i>Alcoholism</i>	<input type="checkbox"/> <i>DV/SA</i>	<input type="checkbox"/> <i>Other: _____</i>
<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

Name of Parent 2: \_\_\_\_\_

<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> DV/SA	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe

Name of Current Guardian: \_\_\_\_\_

<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> DV/SA	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild	<input type="checkbox"/> Mild
<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe	<input type="checkbox"/> Severe

**Substance Abuse Assessment Needs:**

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**Other Considerations/Assistance Required:**

- Housing     Parenting Skills     Support System     Other: \_\_\_\_\_

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**Family Services Current Resources:**

Available caseworker/caseload capacity?	
Available Placement Options (Relative, Native, etc.)	
Projected Costs to Dept. (Assessment, Drug Tests, Transportation, etc.)	
Security Needs (visitation supervision, safety concerns, etc.)	
Other	

**Family History:**

<b>Substantiated Report of Harm?</b> <b>History of ROH</b>	
<b>Terminations?</b> <b>Guardianships?</b>	
<b>Criminal History?</b> <b>Who, What, When</b>	
<b>Law Enforcement Involvement?</b> <b>Who, Why, When</b>	
<b>Additional?</b>	

**Visitation Needs:** *List level of supervision required*

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**Financial Stability of Prospective Foster Family or Current Placement:**

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**Family Services Additional Concerns:**

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**Family Services Recommendations:**

- Support Transfer       Transfer not Recommended       Refer to Family Preservation  
 Other: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Discussed with Judge(s) \_\_\_\_\_ on: \_\_\_\_\_

Data Compiled by: \_\_\_\_\_ Date: \_\_\_\_\_

Participants in discussion:

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

- Approved       Denied

\_\_\_\_\_  
Kenaitze Court Chief Tribal Judge      Date: \_\_\_\_\_