

IN THE _____CIRCUIT COURT OF THE JUDICIAL CIRCUIT,
IN AND FOR _____COUNTY, FLORIDA

In the Interest of

Case No.:

Division:

CHILD'S NAME

DOB:

**STATEMENT OF CASE MANAGER/POTENTIAL PLACEMENT/PARTY
UNDER ICPC REGULATION 2 (regular ICPC)**

Pursuant to the requirements of Regulation 2, Section 5(d) of the Interstate Compact on the Placement of Children (ICPC), I, _____{full legal name}, certify that the following information is true:

1. I have communicated directly with the potential placement resource,
_____ [name of person with whom child to be placed].
2. The potential placement resource is interested in being a placement resource for the child and is willing to cooperate with the ICPC process.
3. The name, correct address, available telephone number or other contact information, date of birth, and social security number of the placement resource is as follows:

_____ Name of placement resource

_____ Address of placement resource

_____ City/State/Zip Code

_____ Telephone numbers/contact information

4. The name, correct address, available telephone number or other contact information, date of birth, and social security number of all adults in the home is as follows:

_____ Name of adult

_____ Mailing Address of placement resource

_____ Physical Address of placement resource

_____ City/State/Zip Code

_____ Telephone numbers/contact information

In the Interest of _____ (child's name) (page 2)

Statement of Case Manager/Potential Placement/Party under ICPC Regulation 2

5. The number and type of rooms in the proposed residence is sufficient to accommodate the child as follows:

Number of bedrooms: _____

Number of adults residing in the home: _____

Number of children residing in the home, including child to be placed: _____

6. _____ *[name of person with whom child to be placed]* has or will access financial resources to feed, clothe, and care for the child, including child care.
7. _____ *[name of person with whom child to be placed]* acknowledges that a criminal records and child abuse history check will be completed on any persons residing in the home to be screened under the law of the receiving state.

Dated:

Signature

Title:

Printed Name:

Address:

City, State, Zip:

Telephone Number:

Fax Number: