

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 7 (Expedited)**

Pursuant to the requirements of Regulation 7, Section 7(a) 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. _____[name of person with whom child to be placed] is the:

___ father	___ adult aunt
___ mother	___ adult uncle
___ stepparent	___ adult brother
___ grandparent	___ adult sister
___ guardian	

of _____{name of child}.

4. 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

_____ Date of Birth

_____ Social Security Number

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5. 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

_____ Address of placement resource

_____ City/State/Zip Code

_____ Telephone numbers/contact information

_____ Date of Birth

_____ Social Security Number

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

Number of bedrooms: _____

Number of other rooms in the home: _____

Number of adults residing in the home: _____

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

7. _____ *[name of person with whom child to be placed]* has or will access financial resources to feed, clothe, and care for the child.

If the child needs child care, it will be provided as follows:

_____ N/A

8. _____ *[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 and that, to the best knowledge of the placement resource, no one residing in the home has a criminal or child abuse history that would prohibit the placement.

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9. I am unaware of any fact that would prohibit the child being placed with the placement resource. Also, I have completed and am prepared to send all required paperwork to the sending state ICPC office, including the ICPC 100A and Form 101.

Dated:

Signature

Title:

Printed Name:

Address:

City, State, Zip:

Telephone Number:

Fax Number: