

INTERSTATE COMPACT REPORT ON CHILD'S PLACEMENT STATUS

TO: _____ **FROM:** N.C. Division of Social Services
820 S. Boylan Ave., 1st Floor, McBryde Building East
Raleigh, North Carolina 27603-2246

SECTION I - IDENTIFYING

Child's Name: _____ Birthdate: _____
Mother's Name: _____ Father's Name: _____

SECTION II - PLACEMENT

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 In Receiving 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 Proposed Placement Request Withdrawn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
Name of Approved Placement _____
 Other (Specify): _____
Date of Termination: _____

SECTION IV - SIGNATURES

Person/Agency Supplying Information: _____ Date: _____
Compact Administrator, Deputy or Alternate: _____ Date: _____

DISTRIBUTION (Complete four (4) copies of this form):
Sending Agency retains a (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 one - 1) copy to the receiving agency