IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT

IN AND FOR CITRUS COUNTY, FLORIDA

JUVENILE DIVISION

IN THE INTEREST OF: CASE NO:

DOB:

Minor Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /

**NOTICE OF FILING**

The Guardian ad Litem Program, by and through undersigned counsel, hereby files this Notice of Filing to notify this Court and all parties of the filing of the following:

Guardian ad Litem Report to the Court for the xx.xx.15 Judicial Review Hearing.

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that a true and correct copy of the foregoing has been furnished to the below-named individuals on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 2015:

Beth Antrim, Esq., DCF/CLS C05CitrusCountyLegal.EFile@myflfamilies.com by [X] Electronic Mail, [ ] Courthouse mailbox, [ ] US mail;

Karen Wilson, KCI/FCM [Sharon.Vince@kidscentralinc.org](mailto:Sharon.Vince@kidscentralinc.org) and [Mary.Staley@kidscentralinc.org](mailto:Mary.Staley@kidscentralinc.org) by [X] Electronic Mail, [ ] Courthouse mailbox, [ ] US mail;

Mother or Father c/o Stephen L. Teaster, II, Esq., [rcccitrus@rc5state.com](mailto:rcccitrus@rc5state.com) by [X] Electronic Mail, [ ] Courthouse mailbox, [ ] US mail;

Mother c/o \_\_\_\_ by [X] Electronic Mail, [ ] Courthouse mailbox, [ ] US mail;

Father c/o \_\_\_ by [X] Electronic Mail, [ ] Courthouse mailbox, [ ] US mail;

Caregiver, Address Confidential;

General Magistrate Keith Schenck by [ ] Electronic Mail, [X] Courthouse mailbox, [ ] US mail;

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

Rashel N. Johnson, Esq. FBN: 667935

Melissa A. Egan, Esq. FBN: 528501

Caitlin Wilcox, Esq. FBN: 111815

Guardian ad Litem Program/Attorney 110 North Apopka Avenue

Inverness, FL 34450

Phone: 352-344-1147

Fax: 352-344-1454

Primary: [c5galcc.eservice@gal.fl.gov](mailto:c5galcc.eservice@gal.fl.gov)

INSERT CHILD(REN) PHOTO

*Optional, if no photo, delete and center heading*

IN THE CIRCUIT COURT OF THE

FIFTH JUDICIAL CIRCUIT,

IN IN AND FOR CITRUS COUNTY, FLORIDA

JUVENILE DIVISION

IN THE INTEREST OF: CASE NO:

Last Name, First Name DOB:

MINOR CHILD(REN)

GUARDIAN AD LITEM REPORT TO THE COURT

Guardian ad Litem:

Type of Hearing: Judicial Review

Date of Hearing:

Length of Time child(ren) in out of home care:

Number of Placements:

Date of Report:

1. Recommendations and Observations of the Guardian ad Litem:
   1. The Guardian ad Litem respectfully makes the following recommendations:
      1. Placement/Safety: *Say where the children are placed and with whom. Discuss if the placement is a good one. Lastly, recommend whether or not the child should remain in the current placement.* ***The recommendation should be in bold and underlined.***
      2. Observations of the Child/Sibling Visitation: *If there are no siblings, that is all you need to say. Discuss if there are siblings, when and where the visits take place and how they are going. If you have observed a visit, indicate how it went and how the children interacted with each other.* ***Then, make your recommendation about the sibling visitation continuing, changing, etc. in bold/underlined.***

* + 1. Observations on Parental Visits/Interactions: *Next discuss what the visitation schedule is for the parents, where they occur, supervised, unsupervised. If you have observed, please state how visits went, interactions observed, etc.* ***Then, make your recommendation regarding the parent visits.***

* + 1. Services Needed for Children: *This is where you would address the need for counseling, dental, tutoring, etc.* ***Then recommend that it happen.***

* + 1. Permanency Recommendations: *The current goal is (Maintain and strengthen, reunification, adoption, permanent guardianship, APPLA) and the goal date expires on xx/xx/xx.* ***This Guardian agrees/does not agree with the permanency recommendations.***
    2. Timeline to Permanency:

**(a) Shelter date:** *brief reason for shelter and date*;

**(b) Adjudication date:** *consent or trial and date*;

**(c) Case plan acceptance date:** *xx/xx/xx*;

**(d) Goal and goal date:** *Maintain and strengthen, reunification, adoption, permanent guardianship, APPLA / xx/xx/xx.*

* 1. The Guardian ad Litem respectfully submits the following statement(s) of the wishes of the child(ren): *If the child is not old enough to state their wishes, you can indicate what you believe they would want based on their behavior in their current placement, or if old enough, specifically state what the children have told you they want or where they want to live.*

1. Child’s Status (Optional): *This is a good place to address where the children attend school and how they are doing. Also any clubs, sports, activities they may be involved in or things they are going to do in the near future.*
2. Psychotropic Medications: *A. Are the children on psyche meds and B. if yes, what are the meds and the dosage*?

Respectfully Submitted,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*Type your name here* Date

Volunteer Child Advocate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*The name of your CAM here* Date

Child Advocate Manager

I HEREBY CERTIFY that I reviewed/read the above Guardian Ad Litem’s Report and that it is being filed herein pursuant to Fla. Statute(s) 39.701 (2)(b); 39.807 (2)(b); or 39.822(4).

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Esq. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Best Interest Attorney Date

Guardian ad Litem Program

Rashel N. Johnson, Esq. FBN: 667935

Melissa A. Egan, Esq. FBN: 528501

Caitlin Wilcox, Esq. FBN: 118815

110 North Apopka Avenue

Inverness, FL 34450

Phone: 352-344-1147

Fax: 352-344-1454

Primary: [c5galcc.eservice@gal.fl.gov](mailto:c5galcc.eservice@gal.fl.gov)