INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN **REPORT ON CHILD'S PLACEMENT STATUS**

TO:	FROM:
Child's Name:	Birthdate:
Mother's Name:	Father's Name:
SECTION II - PLACEMENT STATUS	
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	
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Unilateral Termination Child Returned to Sending State Child Has Moved to Another State Proposed Placement Request Withdrawn Name of Placement Resource: Approved Resource Will Not Be Used for Placement	
SECTI Person/Agency Supplying Information:	ON IV - SIGNATURES 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