

IN THE INTEREST OF:

Case No. _____

_____,
A Juvenile.

**CASE TRANSFER
SUMMARY FORM**

Counts:

Violation	Date	Dismissed?	
		yes	no
		yes	no
		yes	no
		yes	no

Additional Charges are listed on another sheet.

Mother's Name: _____

Address: _____

City, ST, Zip: _____

Phone No.: _____

Appoint Attorney for Mother? yes no

GAL for Mother? yes no

Dismissed as to Mother? yes no

Father's Name: _____

Address: _____

City, ST, Zip: _____

Phone No.: _____

Appoint Attorney for Father? yes no

GAL for Father? yes no

Dismissed as to Father? yes no

Additional Party: _____

Relationship: _____

Address: _____

City, ST, Zip: _____

Phone No.: _____

Appoint Attorney? yes no

GAL? yes no

Child(ren):

Name(s): _____ GAL? yes no

Address(es): _____

_____ GAL? yes no

Address(es): _____

_____ GAL? yes no

Address(es): _____

Other necessary parties identified

CASA FCRO NDHHS ICWA Tribe

Other: _____

The next appearance will be for:

hearing disposition review

Other: _____

Information provided by: _____