

New Tracks II Track Recommendation Cover Page

- Track 1: Expedited Reunification/Resolution
- Track 2: Standard Supervision
- Track 3: Intensive Supervision
- Track 4: Expedited TPR

CASE NAME: _____

DIV: _____

IN THE INTEREST OF: _____

COURT CASE #: _____

CHILD(REN): _____ DOB: _____

FSFN #: _____

_____ DOB: _____

_____ DOB: _____

TRACK 3 JUSTIFICATION (Please provide brief explanation):

PROPOSED CASE PLAN REFERRALS:

Proposed Referral	Proposed (✓)	Referral Made (✓)	Additional information
Mental Health Evaluation			
Substance Use Evaluation			
Domestic Violence Evaluation			
Parenting Class			
Housing			
Income/Employment			
Random U/A screens			
Other:			
Other:			
Other:			
Other:			

CMO Representative Name & Signature: _____

CPI Representative Name & Signature: _____

*Assessment tool and cover page to be included in CTS packet that is uploaded into FSFN and emailed to the OAG's Office