

**TWENTY-SECOND JUDICIAL CIRCUIT OF MISSOURI
FAMILY COURT – JUVENILE DIVISION**

SUPERVISION CASE PLAN

**APPLICATION FOR DISCHARGE FROM OFFICIAL COURT SUPERVISION
AND/OR COURT JURISDICTION**

Cause No. _____ DJO: Stephanie Anderson Date of Report: _____
Juvenile I.D. No. _____

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____

The above named _____ on the _____ day of January, _____, adjudged to be within the applicable provisions of Section 211.031 of the Revised Statutes of Missouri, for the offense of _____ and was on the _____ day of January, _____.

- Committed to the care, custody and control of Children’s Division.
- Ordered, along with the family, to receive protective services from the Children’s Division.
- Placed on Official Court Supervision for a period not to exceed _____.
- Given a suspended commitment to Missouri Division of Youth Services, and was placed on Official Court Supervision.

Based on the Court Order, the assessment done by the Deputy Juvenile Officer, as well as input from the Juvenile, parent(s) and others related/concerned with Juvenile, the following case plan will be implemented.

Issue	Service Objective	Provider Source	Date Referred	Projected Completion Date	Date Completed
<input type="checkbox"/> Education <input type="checkbox"/> Truant <input type="checkbox"/> Poor Grades <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion <input type="checkbox"/> Disruptive <input type="checkbox"/> Active IEP	<input type="checkbox"/> Attend School Regularly <input type="checkbox"/> Needs IEP Reassessment <input type="checkbox"/> Tutoring for grades <input type="checkbox"/> GED <input type="checkbox"/> Other				
<input type="checkbox"/> Curfew <u>6:00 p.m</u>	<input type="checkbox"/> Nightwatch <input type="checkbox"/> Other				
<input type="checkbox"/> Substance Abuse <input type="checkbox"/> N/A <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Other	<input type="checkbox"/> Inpatient Treatment <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Regular Testing <input type="checkbox"/>				
<input type="checkbox"/> Mental Health <input type="checkbox"/> N/A	<input type="checkbox"/> Refer for Assessment <input type="checkbox"/> Counseling <input type="checkbox"/> Other				

Re:

Juvenile ID No.
Cause No.

Issue	Service Objective	Provider Source	Date Referred	Projected Completion Date	Date Completed
Restitution <input type="checkbox"/> N/A Community Service <input type="checkbox"/> N/A	Amt. Ordered _____ _____ Hours				
Sexual Offender <input type="checkbox"/> N/A	<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Sex Offender Treatment Program				
Lack of Social Skills/Inappropriate Behavior <input type="checkbox"/> N/A	<input type="checkbox"/> Life Skills <input type="checkbox"/> Counseling <input type="checkbox"/> Mentor Program				
Violence/Anger <input type="checkbox"/> N/A	<input type="checkbox"/> Attend Anger Management classes <input type="checkbox"/> Other				
Family Conflict <input type="checkbox"/> N/A	<input type="checkbox"/> Counseling <input type="checkbox"/> Intra-Family Mediation <input type="checkbox"/> Other				
Gang/Peer Relationships <input type="checkbox"/> N/A	<input type="checkbox"/> Other Activity _____				
<input type="checkbox"/> Medical <input type="checkbox"/> N/A	<input type="checkbox"/> Obtain Medical Ins. <input type="checkbox"/> Refer to Physician for: Refer to Dentist for:				
Prepare for Independent living <input type="checkbox"/> N/A	<input type="checkbox"/> Life Skills <input type="checkbox"/> Other				
Parenting Needs <input type="checkbox"/> N/A	<input type="checkbox"/> Parenting Class <input type="checkbox"/> Other				
Juvenile's ability to parent <input type="checkbox"/> N/A	<input type="checkbox"/> Parenting Class <input type="checkbox"/> Other				
Other <input type="checkbox"/> N/A	<input type="checkbox"/> _____ <input type="checkbox"/> _____				

Re:

Juvenile ID No.
Cause No.

Issue	Service Objective	Provider Source	Date Referred	Projected Completion Date	Date Completed
Other <input type="checkbox"/> N/A	<input type="checkbox"/> _____ <input type="checkbox"/> _____				
Other <input type="checkbox"/> N/A	<input type="checkbox"/> _____ <input type="checkbox"/> _____				

The projected date for the completion of all case plan objectives is: _____ (exact date)

Probation services will terminate on or before: _____ (exact date)

Unless the Judge extends Probation

STRENGTHS PROFILE

Strength-based assessment leads to strength-based action. Strengths identified below should find their way into the plan generated for the juvenile and the family and shape the activities and programs that will comprise the juvenile’s experience on Official Court Supervision. To case manage to strengths, DJOs will have to reach into the community in new ways and develop relationships with people who are amenable, available, and willing to help clients build on their strengths. ¹

Juvenile and Family Person Resources for change:	
What are you proud of	
Experience with previous success	
Identified talents or abilities	
Presence of goals	
Presence of caring adults (relatives, friends, neighbors, faith community partners, teachers, coaches or business people identified as resources.	
Community Resources for change: (DJO will map community resources and natural help partners to participate in success building)	
NAB in Juvenile’s Neighborhood	Walnut Park
Community Resources available to match juvenile’s goals and identified strengths including opportunities for services projects	

¹ Bringing Strength-Based Philosophy to Life in Juvenile Justice, Laura Nissen, Reclaiming Children and Youth. Bloomington Spring 2006. Vol. 15, Iss. 1; page 40

Re:

Juvenile ID No.
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Case Plan Responsibilities:

Parent will:	Juvenile will:	Deputy Juvenile Officer will:
<input type="checkbox"/> _____ _____ _____ _____	<input type="checkbox"/> _____ _____ _____	<input type="checkbox"/> Meet with Juvenile Once a week <input type="checkbox"/> Meet with Parent Once a week <input type="checkbox"/> Monitor Compliance <input type="checkbox"/> _____ <input type="checkbox"/> _____

Signatures

I have reviewed this case plan with the Deputy Juvenile Officer and understand what it says. I also understand that the services are being offered by my Deputy Juvenile Officer to assist me.

Juvenile: _____

Date: _____

Parent/Guardian: _____

Date: _____

Deputy Juvenile Officer: _____

Date: _____

Supervisor: _____

Date: _____

