CONCILIATION CONFERENCE - ADDENDUM REPORT

Name(s) of the child(ren) who are the subject(s) of this Conference:
Name(s) of the child(ren) who are the subject(s) of this conference:
Date of the Conference:
Application type:
Disposition sought:
Name of the person completing this Addendum Report:
Name of the protective worker attending Conciliation Conference:
Name of the CPLO lawyer managing this Application:
Why are DHHS concerned about the child(ren) in this application?
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What is already happening to keep the child(ren) safe and well looked after?
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What also peeds to happen to keep the shild(ren) safe and well looked after?
What else needs to happen to keep the child(ren) safe and well looked after?

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List the reason/s for changed disposition (if any) and conditions (if any)	
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What is the new recommended disposition and conditions (if applicable)?	
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Signature of Report Writer:	
Signature of Report Writer: Date:	
Signature of Report Writer:	