

ATTACHMENT 1

STATE OF NEBRASKA Department of Health and Human Services COURT REPORT

Date of Preparation:

FAMILY INFORMATION

Parents:

Name:

Address:

Children:

Name:

Legal Status:

Race:

Ethnic:

Birthdate:

Tribal Affil:

Age:

Adjudication:

Adjud Date:

Disp Date:

Placement:

Date:

Judge:

Court:

Attorneys:

Case Manager:

Local Office:

Address:

