N- N- **ATTACHMENT A**
N- N-

COURT ORDERED SERVICES TO THE FAMILY, CARETAKER & CHILD

It is this _____ day of _____, 200__, hereby:

☐ **ORDERED** that the following services be provided to _____:
(Name and Relationship)

LIST OF SERVICES ***(Check, circle or otherwise specify)***

- ☐ Anger Management Classes
- ☐ Clothing Assistance
- ☐ Daycare Services
- ☐ Drug Testing
- ☐ Drug Treatment
- ☐ Domestic Violence Counseling / Services
- ☐ Educational Services
  - ☐ - Educational Advocate
  - ☐ - GED Preparation
  - ☐ - IEP
  - ☐ - Special Education
  - ☐ - Tutor
- ☐ Emergency Assistance
- ☐ Families Together
- ☐ Food Vouchers
- ☐ Furniture Assistance
- ☐ Homemaker Services
- ☐ Housing Assistance
- ☐ Housing Certification Assistance
- ☐ Interstate Compact (ICPC)
- ☐ Independent Living Services
- ☐ Individual Therapy
- ☐ Medical Assistance and Referrals
  - ☐ - Medical Services
  - ☐ - Physical Evaluation
  - ☐ - Mental Health Evaluation
  - ☐ - Medical Treatment
- ☐ Mental Health Treatment
  - ☐ - Attachment Study
  - ☐ - Bonding Study
  - ☐ - Emergency Psychiatric
  - ☐ - Family Therapy
  - ☐ - Group Therapy
  - ☐ - Individual Therapy
  - ☐ - Neuro-psychological
  - ☐ - Psychiatric
  - ☐ - Psycho Educational
  - ☐ - Psychological
  - ☐ - Sexual Assault
- ☐ Mentoring Services
- ☐ Parenting Skills Training
- ☐ Referral to Community Collaborative
- ☐ Residential Treatment Services
- ☐ Respite Services
- ☐ Reunification Support Services
- ☐ Sibling Visitation
- ☐ Special Education Services
  - ☐ - DCPS
  - ☐ - Other
- ☐ Specialized Medical Services
- ☐ Transportation Assistance
- ☐ Victims' Compensation Program
- ☐ Visitation Coordination
- ☐ Developmental Exam
- ☐ Other: _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

The following conditions shall apply to the delivery of services:

_____
_____
_____
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_____

_____ _____
DATE **ASSOCIATE JUDGE/MAGISTRATE JUDGE**