

Nebraska Foster Care Review Board – If more space is needed to answer the following questions, please use the back of this form.

## ATTORNEY QUESTIONNAIRE

Name of Child(ren): \_\_\_\_\_ Return by: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. What do you understand to be this child's permanency plan? \_\_\_\_\_  
\_\_\_\_\_
2. Can you think of any problems or barriers that are keeping this plan from succeeding? \_\_\_\_\_  
\_\_\_\_\_
3. How long do you think it will take to accomplish the plan? \_\_\_\_\_  
\_\_\_\_\_
4. What additional services do you feel could or should be provided to this family? \_\_\_\_\_  
\_\_\_\_\_
5. What problems that precipitated the problem still exist? \_\_\_\_\_  
\_\_\_\_\_
6. Have any of the conditions that caused the child to come into foster care changed?    Yes    No  
Please explain: \_\_\_\_\_  
\_\_\_\_\_
7. Do you feel that the child could return home at this time with appropriate support services? Yes No  
If so, what services do you feel would be needed? \_\_\_\_\_
8. What new problems, if any, have developed since the initial intervention? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Is there anything else about the child(ren) or family that you would like the Board to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to this case: \_\_\_\_\_

**THANK YOU! PLEASE RETURN THIS FORM TO:**

FOSTER CARE REVIEW BOARD  
Executive Building – 521 S. 14<sup>th</sup> Street, Suite 401  
Lincoln, NE 68508-2707  
FAX: (402) 471-4437

*What you report in this questionnaire may be included in the Board's final recommendations.*