

**RELATIVE / SUPPORT RESOURCE STATEMENT
WELD COUNTY JUVENILE COURT
Division 14 - Magistrate Lococo**

Juvenile Name: _____ Case #: _____

If you have been given this form the judge or another party believes you, your child, and your family may benefit from sharing information about your natural supports in the community. Your natural supports in the community are people, places, institutions, agencies or things that support you or where you find support. A safe adult (or group of adults), or a safe place, may be able to provide help or support to you, your child, or your family. For example, support could be something simple, like use of a phone, a person to call in time of need, or small financial assistance. Support could be giving you or your child a ride, or providing extra supervision for your child. Support could be a respite or place for you or your child to go to be safe. Support could be a temporary placement for your child. Having this support may help keep your child out of detention or forced placement.

If you have been given this form you must fill it out and share it with others including your child's lawyer, the Guardian *ad Litem*, any therapist, or any social services case worker. Please list the names, addresses and telephone numbers of yours or your child's natural supports. You should include any relatives (no matter where they live) including grandparents, aunts/uncles, brothers/sisters, and cousins. You should include other adults with a significant relationship to you or your child including, your pastor, your boss or co-worker, a teacher or coach, your neighbor, or a friend.

(If you are not the parent or guardian and you have been given this form, please fill it out as a participant in this family's life and provide the same information as requested above. If you are a DHS case worker, you may use a D&N relative affidavit as an alternative).

Person filing out this form: _____

Your relationship to the child: _____

Family Member/Friend **Relationship to child:** _____ ☐ **Maternal** ☐ **Paternal**

Full Name: _____

Address: _____

Telephone Number(s): _____

I want this person to be considered for placement of my child ☐ Yes ☐ No

I want this person to be involved in planning with my family ☐ Yes ☐ No

How does/can this person support you or your family? Other comments regarding this person including the appropriateness of the child's potential placement with this person: _____

Family Member/Friend **Relationship to child:** _____ ☐ **Maternal** ☐ **Paternal**

Full Name: _____

Address: _____

Telephone Number(s): _____

I want this person to be considered for placement of my child ☐ Yes ☐ No

I want this person to be involved in planning with my family ☐ Yes ☐ No

How does/can this person support you or your family? Other comments regarding this person including the appropriateness of the child's potential placement with this person: _____

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Family Member/Friend *Relationship to child:* _____ ☐ *Maternal* ☐ *Paternal*

Full Name: _____

Address: _____

Telephone Number(s): _____

I want this person to be considered for placement of my child ☐ Yes ☐ No

I want this person to be involved in planning with my family ☐ Yes ☐ No

How does/can this person support you or your family? Other comments regarding this person including the appropriateness of the child's potential placement with this person: _____

Family Member/Friend *Relationship to child:* _____ ☐ *Maternal* ☐ *Paternal*

Full Name: _____

Address: _____

Telephone Number(s): _____

I want this person to be considered for placement of my child ☐ Yes ☐ No

I want this person to be involved in planning with my family ☐ Yes ☐ No

How does/can this person support you or your family? Other comments regarding this person including the appropriateness of the child's potential placement with this person: _____

Family Member/Friend *Relationship to child:* _____ ☐ *Maternal* ☐ *Paternal*

Full Name: _____

Address: _____

Telephone Number(s): _____

I want this person to be considered for placement of my child ☐ Yes ☐ No

I want this person to be involved in planning with my family ☐ Yes ☐ No

How does/can this person support you or your family? Other comments regarding this person including the appropriateness of the child's potential placement with this person: _____

Other information / other adults / agencies / entities that have a healthy relationship with me or my child and how they can help

Attach more sheets as necessary

Signature Date