**Format for Summary of Facts for TPR**

Superior Court for Juvenile Matters: (address)

Date:

SUMMARY OF FACTS TO SUBSTANTIATE PETITION FOR TERMINATION OF PARENTAL RIGHTS

For co-terminous petitions filed simultaneously with neglect, use the following:

SUMMARY OF FACTS TO SUBSTANTIATE PETITIONS OF NEGLECT AND TERMINATION OF PARENTAL RIGHTS

1. **Child/ren for Whom Petition(s) is/are Filed: (list each child separately)**

**Name:**

**Address:**

**Date of Birth:** (verified / not verified)

**Indian Tribe**

**Legal Status**

**Paternity:** Not established / Acknowledged / Issue of Marriage /

Judgment (verified / not verified)

1. **Mother:**

**Name:**

**Address:**

**Date of Birth:**

**Indian Tribe:**

1. **Father(s) [of \_\_\_\_\_] if more than one child, list each father separately**

**Name:**

**Address:**

**Date of Birth:**

**Indian Tribe:**

[NEW PAGE]

1. **JURISDICTION**
2. There is no proceeding pending in any other court affecting the custody of the child/ren.

OR

There is a pending proceeding in: (name of court, regarding).

1. List each significant legal step in chronological order.

# If filing a coterminous petition then use the following section:

1. **SUMMARY OF FACTS IN SUPPORT OF NEGLECT PETITION**
2. List each general allegation of neglect in numbered paragraphs. (see neglect summary of fact for guidance)
3. **CONSENT**

State in numbered paragraphs each parent’s position regarding consent.

1. **REASONABLE EFFORTS [Address each parent for whom petition is filed individually]**
2. Select one of the following options: (Note: There should **never** be a statement that DCF made no efforts to prevent removal / to reunify / or to locate.)
3. [For parent who’s location is known.] Reasonable efforts to locate (name of parent) were made in that since the Department removed the (name of child/ren) from (name of parent’s) care, the (name of parent’s) location has been known to the Department and the Department has maintained continual contact with (name of parent), including home visits.
4. [For parent who resides out of state but is involved.] The Department has maintained continual contact with (name of parent) via the telephone and letters. To date, (name of parent) has confirmed address and receipt of the letters.
5. [For parent who is transient] Since the Department removed (name of child/ren) from his/her care, the (name of parent’s) location has been known to the Department and the Department has maintained contact with (name of parent), including face to face contact at a shelter and court.
6. [For parent who is incarcerated] Since (name of parent) was incarcerated on (date) OR since inception of the case, the Department has confirmed (name of parent’s) incarceration and location through telephone calls to the correctional facility to speak to (name of parent) as well as the counselor and visits to the correctional facility.
7. [For father who is a John Doe] The Department inquired of (name of mother) the names of the potential biological father of (name of child/ren). The information provided by (name of mother) was [include all information mother has provided. Include if DCF has spoken to relative and all resources used to ascertain the identity of the father.] The Department published in the newspaper at the time of (name of child/ren’s)) removal. To date, John Doe has not contacted the Department and has had no relationship with (child/ren) since birth.
8. [For parents who are whereabouts unknown] Social Worker [copy all efforts set forth in affidavit in support of motion for publication] To date, (name of parent) remains whereabouts unknown.
9. The presenting problems with this family are: [List the presenting problems with the family, including historically. Examples: substance abuse, parents’ cognitive and emotional limitations, inadequate housing, etc.]
10. The following reasonable efforts and active efforts were made to prevent removal and/or to reunify (name of the child/ren) with (name of parent):
	* [List all efforts (historical and current) DCF made. Include informal and formal assistance whether accepted or not. Examples may include case management, supervised visitation, parenting instruction and feedback, bus passes, financial assistance or mileage reimbursement, budgeting assistance, court ordered psychological evaluation, coordination of services with probation / or parole.]
11. The Department has made reasonable efforts to reunify (name of child/ren with (Name of parent). Further efforts are no longer appropriate because [summarize reasons why efforts to reunify are no longer appropriate].
12. (Name of parent) is unable or unwilling to benefit from reunification efforts because [summarize reasons why parent cannot benefit from further services or describe why parent is unwilling to benefit from services].
13. [If a permanency plan other than reunification has been approved] Reasonable efforts to reunify (name of child/ren) with (name of parents) are not required pursuant to Conn. Gen. Statute 17a-111b because on (date of permanency plan approval), the court approved a permanency plan other than reunification.
14. [If applicable] On (date), the Court (last name of Judge, J/SJ/JTR) found that reasonable efforts to reunify the (name of parent or parents) with the child are not required pursuant to Conn. Gen. Statute 17a-111b.
15. **FACTS SUPPORTING THE CLAIMED GROUNDS FOR TERMINATION OF PARENTAL RIGHTS (Use separate sections for each ground. List as many grounds as applicable for each parent)**

**NOTE: THIS SECTION SHOULD HAVE SOME DETAIL. HOWEVER, THESE ARE GENERAL ALLEGATIONS OF FAILURE TO REHABILITATE. THE SOCIAL STUDY SHOULD HAVE ALL THE SPECIFICS AS EVIDENCE THAT PROVES THESE ALLEGATIONS. POSITIVE ACCOMPLISHMENTS GO IN THE SOCIAL STUDY ONLY.**

**GROUND A (Abandonment) as to [name of child] by [name of parent]: Note: If alleging Ground A, you should also consider whether the facts support Ground D.**

[In short, numbered paragraphs, set out facts constituting abandonment. Some examples:]

1. (Name of parent) never filed a claim to establish his paternity of (name of child/ren).
2. (Name of parent) has been established as the father but has never sought custody of (name of child/ren).
3. (Name of parent) has not seen (name of child/ren) since (date).
4. (Name of parent) has not provided financial support for (name of child/ren).
5. (Name of parent) has never sent cards, gifts or letters to (name of child/ren).
6. (Name of parent) has never acknowledged (name of child/ren’s) birthday or other special days.
7. (Name of parent) has not inquired about (name of child/ren) or requested visitation since (date).
8. (Name of parent)’s visitation with (name of child/ren) has been sporadic.
9. (Name of parent) has failed to demonstrate a continuous degree of interest in the (name of child/ren’s) education, health, or well-being.
10. [State any facts that show parent has not demonstrated ongoing interest in the well-being of their child/ren].

**GROUND B1 (Failure to Rehabilitate after Adjudication) as to [name of child] by [name of parent].** [Note: use this ground for children who have previously been adjudicated.]

1. On (date), (name/s of child/ren and dates of birth) were adjudicated neglected/uncared for in Superior Court for Juvenile Matters at (venue of court) (last name of Judge, J/SJ/JTR).
2. Specific steps were ordered by the court on [list all dates steps were issued since most recent case opening], to maintain (name of child/ren) in the home and or to reunify the (name of child/ren) with (name of parents') care.
3. Provide concise history with the Department and/or the Court. Include dates of adjudications or other TPRs and the factual circumstances that led to adjudication and or TPR.
4. State any specialized needs of the child/ren for which the parent cannot provide. (Example, “[Name of child] has been identified with developmental delays in the area of motor skills and speech. The child receives birth to three services. Mother has not availed herself of the opportunity to learn about her child’s specialized needs, nor has she inquired or implemented any of the recommended strategies to address the child’s needs.

(Example, “[Name of child] has significant medical and/or mental health needs that require a parent who can coordinate and attend multiple appointments in a timely manner in order to ensure that his/her needs are met. In addition, the child’s special needs require a parent who can implement skills taught by providers and make changes where appropriate in order for the child to fully benefit from their treatment.”

1. Briefly state the reasons for the Department’s involvement and the reason for removal.
2. [If appropriate] [Name of parent] has been unable or unwilling to articulate and/or accept responsibility for their role in the circumstances which were the cause for the children’s removal from their care.
3. [If appropriate and if favorable to the Department’s position, note if a psychological evaluation occurred and summarize the recommendation or conclusion.]
4. List in paragraph form the issues (reasons) for the termination of parental rights. Include examples and dates or details. (Example, Mother has a 10 year history of substance abuse. Despite participation in xyz programs, she has failed to maintain her sobriety and continues to engage in drug seeking behaviors as evidenced by….;Parent lacks insight as to …;Parent has not acknowledged responsibility for…; Parent minimizes…; Parent unable to provide/meet needs of…)
5. [Name of parent] will not be able to assume a responsible position in the life/lives of (name of child/ren) within a reasonable time period.

**GROUND B2 (Failure to Rehabilitate after Fifteen Months) as to [name of child] by [name of parent]. [Note: use this ground for children who have been in out-of-home care for at least 15 months but who have not yet been adjudicated.]**

1. [Name of child, date of birth] is a neglected child in that [summarize circumstances of neglect]
2. [Name of child] has been in the custody of the Commissioner of DCF since [date out-of-home care commenced], a period of greater than fifteen months.
3. Specific steps were ordered by the court on [list all dates, steps were issued since most recent case opening], to maintain [name of child/ren] in the home and or to reunify the [name of child/ren] with [name of parent]s' care.
4. Provide concise history with the Department and/or the Court. Include dates of adjudications or other TPRs and the factual circumstances that led to adjudication and or TPR.
5. State any specialized needs of the child/ren for which the parent cannot provide. (Example, “The [name of child] has been identified with developmental delays in the area of motor skills and speech. The child receives birth to three services. Mother has not availed herself of the opportunity to learn about her child’s specialized needs, nor has she inquired or implemented any of the recommended strategies to address the child’s needs.
6. Briefly state the reasons for the Department’s involvement and the reason for removal.
7. List in paragraph form the issues (reasons) for the termination of parental rights. Include examples and dates or details. (Example, Mother has a 10 year history of substance abuse. Despite participation in xyz programs, she has failed to maintain her sobriety and continues to engage in drug seeking behaviors as evidenced by….)
8. [Name of parent] will not be able to assume a responsible position in the life/lives of /his/her child/ren within a reasonable time period.

**GROUND C (Acts of Omission or Commission) as to [name of child] by [name of parent]**

[In numbered paragraphs, set forth all facts constituting acts of omission or commission. This ground is particularly useful for cases in which a parent physically or sexually abused the child, or failed to protect the child from another person’s physical or sexual abuse. It can also be used in cases where a parent has deprived the child of necessities, medical care, etc. with very serious results.]

[Consider this ground for a parent who has been or will be incarcerated for a significant period of the child’s life. Note, this ground is discretionary. Seek instructional guidance as to when it is appropriate to use. The following are suggested allegations:

1. [Name of parent] has been incarcerated for [#] months out of [name of child/ren’s life.
2. [Name of parent] has been convicted of [list convictions].
3. [Name of parent] engaged in the commission of a crime in the presence of the child.
4. [Name of parent]’s repeated and voluntary criminal activity has caused him/her to be unavailable to [name of child/ren] for a significant period of time.
5. As a result of [Name of parent]’s incarcerations, he/she has not played any role in [name of child/ren]’s life and has therefore denied [name of child/ren] the care, guidance and control necessary for [name of child/ren]’s physical, educational, moral or emotional well-being.

**GROUND D (No Ongoing Parent Child Relationship) as to [name of child] by [parent].  Note: If alleging Ground D, you should also consider if the facts support Ground A.**

1.   [In numbered paragraphs, state the facts that constitute no ongoing parent-child relationship.] Some examples:

* (Name of parent) has not seen (name of child(ren) since (date)).
* Child would not recognize parent.
* Parent is a stranger to child.
* Child has no positive memories of parent.
* Child’s previous positive relationship with parent no longer exists.
* (Name of child) has made no inquiries regarding the visitation or contact with (name of parent).

[If the child is an infant, focus on the parent]

* (name of parent) has failed to make efforts to establish a relationship with the child.

2.  To permit additional time to develop a parent-child relationship will not be in the child’s best interests because [state why not].

**GROUND E (Failure to Rehabilitate with Child Under Seven Years) as to [child] by [parent].**

1. [Name of child] was born on [date] and therefore is less than seven years old.
2. [Name of child] is a neglected child in that [summarize circumstances of neglect].
3. [Name of parent]’s parental rights to another child, [name and date of birth of other child], were terminated on [date] pursuant to a termination of parental rights petition filed by the Commissioner of the Department of Children and Families.
4. Provide concise history with the Department and/or the Court. Include dates of adjudications or other TPRs and the factual circumstances that led to adjudication and or TPR.
5. State any specialized needs of the child/ren for which the parent cannot provide. (Example, “The [name of child] has been identified with developmental delays in the area of motor skills and speech. The child receives birth to three services. Mother has not availed herself of the opportunity to learn about her child’s specialized needs, nor has she inquired or implemented any of the recommended strategies to address the child’s needs.
6. Briefly state the reasons for the Department’s involvement and the reason for removal.
7. List in paragraph form the issues (reasons) for the termination of parental rights. Include examples and dates or details. (Example, Mother has a 10 year history of substance abuse. Despite participation in xyz programs, she has failed to maintain her sobriety and continues to engage in drug seeking behaviors as evidenced by….)
8. [Name of parent] will not be able to assume a responsible position in the life/lives of her child/ren] within a reasonable time period.

**GROUND F (Parent has Killed or Assaulted a Sibling) as to [child] by [parent]**

1.  On [date], [name of parent] [killed/assaulted/conspired/etc.] [name of sibling killed or injured], who is a sibling of [name of child who is subject of this petition] by [describe circumstances of sibling’s death or injury].

2.   The assault on [name of sibling] by [parent] was a deliberate and non-accidental act that resulted in serious bodily injury or death to [name of sibling], sibling of [name of child].

**GROUND G (Parent has Committed an Act that Constitutes Sexual Assault Resulting in Conception of Child) as to [child] by [parent].**

1.   On [date], [parent] sexually assaulted [victim parent], resulting in the conception of [child], born [date of birth].

2.   [If appropriate] [Parent]has been shown by paternity testing to be the biological father of [child] to within a probability of XX.XX%.

[Describe incident. Include whether there has been an arrest and status of the charges.]

1. **BEST INTERESTS OF THE CHILD[REN]**

[In numbered paragraph form summarize why it is in the best interest of the children to terminate parental rights.] Some examples:

1.   It is in the best interests of the child/ren for the parental rights of [names of parents] to be terminated.

2.   Neither parent is willing or able to provide competent, safe and nurturing parenting to the children.

3.   Neither parent has availed him or herself of available services in order to improve his or her circumstances such that he or she can play a responsible role in any of the children's lives.

4.   Neither parent has been able to put the child(ren)'s interests ahead of his or her own interests.

5.   [Name of child/ren] have been in the custody of the Commissioner of DCF for greater than fifteen months.

6.   [Name of child/ren] need permanent and stable living arrangements in order to grow and develop in a healthy manner.

* 1. [Name of child/ren] are placed with a family who is an adoptive resource.

Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 ,Social Worker (860-000-0000)

 DCF, 505 Hudson Street, Hartford CT 06106

 Email: @ct.gov

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 , Social Work Supervisor (860-000-0000)

 DCF, 505 Hudson Street, Hartford CT 06106

 Email: @ct.gov

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 , Program Supervisor (860-000-0000)

 DCF, 505 Hudson Street, Hartford CT 06106

 Email: @ct.gov