

★★★ SEALED / CONFIDENTIAL ★★★			
ATTENTION: Counsel for Child (or Children)			
Pursuant to Connecticut Practice Book §33a-2, please note the following information regarding the current residence / placement of the following child (or children).			
Child 1 LAST Name:	Child 1 FIRST Name:	Child 1 DOB:	
Child 2 LAST Name:	Child 2 FIRST Name:	Child 2 DOB:	
Child 3 LAST Name:	Child 3 FIRST Name:	Child 3 DOB:	
Placement / Home Address			
Contact Person (or Persons):	Phone Number:	Alternative Contact Information:	
Address: (No. and Street):	City:	State:	Zip:
DCF Contacts			
Investigative Social Worker Name:	ISW Phone Number:	ISW E-mail:	
Treatment Social Worker Name:	TSW Phone Number:	TSW E-mail:	
Treatment Supervisor Name:	TS Phone Number:	TS E-mail:	
If there are any questions regarding the above contact information, please contact			
DCF Area Office Attorney:	AO Attorney Phone Number:	AO Attorney E-mail:	

NOTE: When filing this "Court Notification Of OTC Placement" form with the court,
 please place in a sealed envelope marked
"ATTENTION: COUNSEL FOR CHILD (OR CHILDREN)" REGARDING: [Insert Child (or Children's) Name(s)]

In addition, please send a copy via e-mail to: pubdef.dcf.kids@jud.ct.gov