COURT NOTIFICATION OF OTC PLACEMENT
DCF-3004
6/2026 (Rev.)

★★★ 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: Limited English Speaking (select one): ◯ Yes ◯ No	Alternative Contact Information:	
Address: (No. and Street):	City:	State: Connecticut	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: This form must be provided to the child's attorney and guardian ad litem prior to the initial hearing on the OTC, bench OTC, or show cause. In addition, a copy must be sent via e-mail to: Pubdef.dcf.kids@pds.ct.gov and documentation must be provided to the court that the form was provided to the AMC/GAL and the date and manner provided.