

DEKALB COUNTY JUVENILE COURT APPOINTED ATTORNEY COURT OBSERVATION FORM

You are required to observe each stage of a Deprivation proceeding and Termination of Parental Rights prior to being added to the court appointed list. Upon completion of this form, fax to **770-978-2719**, Attn: **Melanie D. Fenwick Thompson**. The document will be reviewed and approved by returning to the fax number you provide below. Provide the approved form to Ms. Steele who will supply you with a packet and a manual which will serve as a useful reference.

	Case Name & Number <i>(Use Initials ONLY for name!!)</i>	Parent(s) Attorney	Child Advocate	SAAG	Date	Judge Crawford's Initials
Detentional (initial Deprivation)						
Adjudication (initial Deprivation)						
Disposition (initial Deprivation)						
Adjudication (Motion to Extend Custody after 1st Deprivation and Permanency Hearing)						
Adjudication (Petition to End Reunification Services)						
Termination of Parental Rights						

Attorney Information

Name: _____
 Number: _____
 Fax Number: _____
 Email Address: _____

CLE Course Information

Name of Course: _____
 Date of Completion: _____

Sign here to verify that the above information is accurate to the best of your knowledge.

Attorney Signature: _____ Date: _____

DO NOT COMPLETE THIS SECTION

APPROVAL STATUS
Signature: _____
Date Approved: _____