

IN THE CHILDREN'S COURT OF THE
SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA
TRIBAL COURT
Meskwaki Settlement
349 Meskwaki Road, Tama, Iowa 52339-9629

In Re: _____ Children's Court Case/s No. _____

(Full Name/s)

D.O.B. _____

**PROPOSED
FAMILY RESOLUTION PLAN
- BY FAMILY TEAM MEMBER**

A Minor Child/ren.

The following Proposed Family Resolution Plan is submitted to the Court:

NOW COMES _____, (name of Family Team Member)
_____, (relationship to child/ren) of
_____, (name of child/ren) in the above case/s, and presents
a Proposed Family Resolution Plan as of _____ (date) as follows:

► **CHILD'S ESSENTIAL INFORMATION**

1. Child (a) Name: _____ Meskwaki Name: _____
Child (b) Name: _____ Meskwaki Name: _____
2. Child (a) Tribal Affiliation/s: _____
Child (b) Tribal Affiliation/s: _____
3. Tokan (Child)? _____ Kisko (Child)? _____
4. Child/ren's Clan/s: _____
5. Child/ren's regular residence (Mailing and Street Address, if different):

6. Identify any medical needs or conditions of child/ren:

7. Child (a) School Name: _____ Grade Level _____
Child (b) School Name: _____ Grade Level _____
8. Identify any specific educational needs of child/ren:

► **CHILD’S NETWORK of CARE AND SUPPORT**

9. Identity of **Primary** Caregiver/s

And Relationship to Child/ren: _____

10. Identity of **Secondary** Caregiver/s or Persons Important to Child/ren

And Relationship to Child/ren: _____

11. Identity of **Occasional** Caregiver/s or Persons Important to Child/ren

And Relationship to Child/ren: _____

12. **People who should be part of this Family Resolution Plan process:**

Meskwaki Family Services (Social Worker Name) _____

And _____

► **FACTORS SURROUNDING REMOVAL**

13. Name of *person/s from whom the child was removed*:

14. Address where child/ren are *presently staying*, and name of Caregiver/s:

15. Briefly *describe events surrounding the Removal*:

16. Identify all points individually:

List each Issue Which led to Removal	List each Proposed Solution
a)	a)
b)	b)
c)	c)
d)	d)

► **Topics for all Family Team members to consider and openly discuss.**

17. **Transportation** will be provided for the child/ren, in what way and by whom?

18. **Child-care** will be provided for the child/ren, while caregivers are at work or school, in what way and by whom?

19. Safe and stable **housing** will be provided for the child/ren, in what way and by whom?

20. The **financial needs** of child/ren will be met, in what way and by whom?

21. **Supervision** will be provided for the child/ren, in what way and by whom?

22. The **health** of the child/ren will be monitored, in what way and by whom?

23. The **Family's policy** of **substance abuse/use around the child/ren** will be what?

24. Give a description of the **CONDITIONS OF CONTACT**, if any, with **the person from whom the child was removed**:

25. Give a description of the **CONDITIONS OF CONTACT**, if any, with **any person who has harmed the child**:

26. Please **share any other suggestions, information, or potential barriers** you believe are important for everyone to consider while developing a Family Resolution Plan.

Signed this _____ day of _____, 20__.

I have provided a copy of this document to the following persons and agencies:

Name	Date Given/Mailed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Family Team Member

Printed Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

EXTRA PAGE for Item #16

Identify all points individually:

List each Issue Which led to Removal	List each Proposed Solution
___)	___)
___)	___)
___)	___)
___)	___)