

## (ODHS) PLACEMENT/ADOPTION RELATED EXPENDITURES SUMMARY

1. County Probate Court	2. Docket or Case Number		
Whatever County	2003ABCD		
3. Date of Hearing (MM/YY)	4. Report Type		
	a. Preliminary Report		b. Final Report
5. Prepared By:	6. Child(ren) and Petitioner:		
Name: Phone: Fax:	a. Related		b. Not Related

7. Placement	
Type of Placement	Number of Children
a. CDHS/PCSA	
b. Private Agency	
c. Foreign or Out-Of-State	
d. Placed by Court	
e. Independent with Prior Court Approval	
f. Independent without Prior Court Approval	
g. Not in Home	
h. Refused	

Comments: