

**FIRST REFERRAL REPORT OF JUVENILE IN CONFLICT WITH LAW**  
[Rule 11(1), 20(2), 20(12)]

Form 1

<b>PART 0: CASE NUMBER : To be entered by the Assistant/ Case worker at Police Station/SJPU/ JJB</b>																													
CASE NO												FIR No /NCR No /Form 76																	
<b>PART 1: CHILD PARTICULARS</b>																													
<b>1 Name of child-Full Name</b>																													
<b>2 Sex</b>			<b>3 Language(s) known</b>				<b>4 Age</b>		<b>5 Date of Birth</b>																				
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other									<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> </tr> <tr> <td> </td> <td> </td> <td>/</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td>/</td> <td> </td> <td> </td> <td> </td> </tr> </table>											/						/			
		/																											
		/																											
<b>6 Education Level</b>		<b>7 School Name and Address /Locality</b>				<b>8 Is child disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																							
						<b>9 Disability Type</b> (answer only if 8 is "yes") <input type="checkbox"/> Visually challenged <input type="checkbox"/> Hearing & Speech <input type="checkbox"/> MR <input type="checkbox"/> Physically challenged <input type="checkbox"/> Orthopedically challenged <input type="checkbox"/> Other																							
<b>10 Identification Marks</b>																													
(1)																													
(2)																													
(3)																													
<b>11 Who does the child stay with?</b>						<b>14 Address of child's place of stay</b>																							
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both parents <input type="checkbox"/> Other																													
<b>12 If Other, Name of the Person</b>						City/Town/Village		Panchayat		Taluk																			
<b>13 If Other, Relationship</b>						District		State		PIN																			
<b>15 Landmark 1:</b>						<b>16 Landmark 2:</b>																							
<b>Child's Father's and Mother's Particulars</b>																													
<b>17 Father's Name- Full Name</b>						<b>18 Address of place of stay</b>																							
						City/Town/Village		Panchayat		Taluk																			
						District		State		PIN																			
<b>19 Mother's Name- Full Name</b>						<b>20 Address of place of stay</b> (if same as child's or father's place of stay, mention as such - do not fill details)																							
						City/Town/Village		Panchayat		Taluk																			
						District		State		PIN																			

**PART 2: CASE PARTICULARS**

**21 Type of Offence**

- Serious Offence  Petty Offense (Case can be decided at the Police station /SJPU level, with ratification of one JJB Member)
- Non-serious Offence

**22 Date & Time when reported**

		/			/		
		:		AM / PM			

**23 Provisions under which the child is taken into custodial care**

**24 Reported by**

- |  |  |
|--|--|
| <input type="checkbox"/> NGO           | <input type="checkbox"/> Police Officer      |
| <input type="checkbox"/> Child Line    | <input type="checkbox"/> Government Official |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Public              |
| <input type="checkbox"/> Another Child | <input type="checkbox"/> Court               |

**25 Name & contact details of the complainant**

**Work Status Details (26-29) : (To be filled only if the child is a working child)**

**26 Working Child**     Yes     No

**27 Nature of work (work sector)**

**28 Name of Establishment /Employer-Full name**

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**29 Establishment/ Employer Address**

	Taluk	District
City/Town/Village	Panchayat	State
		Pin

**30 Police Case Details**

- |                          |                            |
|--------------------------|----------------------------|
| a) Police Station        | c) Police Officer's No/ID. |
| b) Police Unit           |                            |
| d) Police Officer's Name |                            |

e) In case of Group offense mention related FIR No /NCR No /Form 76

f) FIR Date /NCR Date / Form 76 Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

**31 Personal Belongings of the child**

**32 Any signs of physical abuse**

- Scars
- Open Wounds
- Bruises
- Burn Marks
- Lashings
- Others
- None

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<b>33 Physical State</b>	<b>34 Mental/ Emotional State</b>
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**35 Brief case details**

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**36 Details of where the child is placed before the child is brought before the JJB**

Parent's Home     Guardian's Home     Observation Home     Fit Institution / Fit Person

**a) Institution Name** (to be filled only if child is placed in the reception unit of OH or FI)

**PART 3: DETAILS OF THE PERSON FILLING UP THE FORM**

Date: <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/			<b>Name</b>	<b>Seal of the Police Station / SJPU</b>
			/			/				
	Place:	<b>Signature</b>								
<b>Designation</b>										

**PART 4: Ratification by JJB Member to be filled if case of petty offence diverted at Police Station / SJPU level**

Date: <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/			<b>Name of JJB Member</b>	<b>Seal of the JJB</b>
		/			/					
Place:										

**Attachments to this FRR: Please tick those attached**

- Complaint Letter
- FIR / NCR
- Copy of Intimation letter to Parent/Guardian (Form 2)

Preliminary Inquiry Report (use Form 6 - Social Investigation Report)

Note:

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- 1) This First Referral Report is expected to be filled by the CWO or the SJPU or the Police Officer (in case there is no CWO or SJPU at the police station) before the child is produced at Juvenile Justice Board. Social workers attached to the SJPU should assist the Police in filling up the first contact details of the child in this form.
- 2) The Complaint Letter and FIR /NCR should be attached to it.
- 3) If it is a group offence separate FRR will have to be filled for each child alleged to have committed the offence.
- 4) The preliminary inquiry report is to be prepared by the P.O. in 24 hours and submitted at the time of the hearing. In case of Group Offences, FRR will have to be completed for each of the children alleged to have committed that offence.
- 5) The **CASE NO. (Case Number)** will be assigned by the Assistant or Case worker attached to the JJB. The Assistant/ Case worker, should ensure that the correct serial number is entered.

**INTIMATION TO PARENTS/ GUARDIAN OF JUVENILE**

[Rule 11 (1) (c), 20(1) (a.ii), 20(12)(b)]

**Form 2**

To,

<Name of the Parent/ Guardian>

<Address>

Where as your son/ daughter/ward:

1 **Name of child**-Full Name

2 Age

has been taken in custodial care under:

3 the provisions of JJ (C&PC) Act 2000:

4 On Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ and at Time: \_\_\_\_:\_\_\_\_AM / PM

and placed in

5 Institution Name & Address

He/ she will be brought before the Juvenile Justice Board at:

Place \_\_\_\_\_

on \_\_\_\_/\_\_\_\_/\_\_\_\_ at time \_\_\_\_:\_\_\_\_:\_\_\_\_.

You are hereby directed to be present at the JJB at the above mentioned place and time.

6 Reasons for taking charge of the child:\_\_\_\_\_

Date: <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>Y</td></tr></table> Place:	d	d	/	m	m	/	y	Y	
	d	d	/	m	m	/	y	Y	
<p align="center"><b>Signature and Seal</b></p> <p align="center">Officer-in-Charge of Police Station/ SJPU</p>									

Copy to: Probation Officer of PO Act \_\_\_\_\_ <Name of the Probationary Officer>

**SHORT-TERM PLACEMENT ORDER PENDING INQUIRY**

[Rule 11(1)(c)]

**Form 3**

To:

**The Officer-In-Charge**

<Name of Institution & Address>

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*Case Number:*

B	/																		
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Presented under section(s)*

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*Order Number:*

Whereas the said child aged about \_\_\_\_\_

is alleged to be in conflict with law, it is ordered by me, Principal Magistrate / member, Juvenile Justice Board, that the said child be kept in the Observation home/ Fit Institution \_\_\_\_\_ for a period of \_\_\_\_\_ from the date of this order.

a) This is to authorize and require you to receive the said child into your charge and to keep him/her in the Observation home/ Fit Institution for the aforesaid order to be carried into execution according to law.

b) You are also directed to produce the child before the Juvenile Justice Board on \_\_\_\_\_ as and when required.

<b>Date:</b> <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td> </tr> </table> <b>Place:</b>			/			/			   
			/			/			
<b>Signature and Seal</b> <b>Principal Magistrate / member, Juvenile Justice Board</b>									

**Originals of all case papers of the child must be transferred to the institution.**

**APPLICATION FOR BAIL TO JJ BOARD**  
[Section (12) of JJ (C&PC) Act 2000 ] [Rule 11(1)(d)]

Form 4

**Application made under Section 12 of Juvenile Justice Act 2000**

<b>PART 0: CASE NUMBER : To be entered by the Assistant / Case worker at JJB</b>												
CASE NO												
<b>Name of child-Full Name</b>												

The said child, who is my daughter/son/ward , has been taken into custodial care by the police on charges of

\_\_\_\_\_

I would like to submit to the JJ Board that to my knowledge, he/she is innocent and has not committed any offence as alleged by the police.

Hence, I request the Board to kindly release the juvenile on bail in the interest of justice and equity. I will take care of the juvenile and bring him/her before the Board as and when required.

I will also ensure that the juvenile remains within the Jurisdiction of the Board during the pendency of the case.

<b>Date:</b> <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td></tr></table>	d	d	/	m	m	/	y	y	
	d	d	/	m	m	/	y	y	
<b>Name and Signature of the Applicant</b>									

**ORDER FOR SOCIAL INVESTIGATION REPORT**

Form 5

[Rule 11(1)(f), 11(14)]

To,

The Probation Officer

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*Case Number:*

B																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Child's Name**Presented under section(s)**Order Number:*

You are hereby directed to enquire into the social antecedents, family background and the circumstances of the alleged offense by the said child and submit your Social Investigation Report on or before:

\_\_\_/\_\_\_/\_\_\_ or within \_\_\_\_\_ period of time as allowed by the Board.

You are also hereby directed to consult an expert in child psychology, psychiatrists for their expert opinion if any for psychiatric treatment or counseling.

<b>Date:</b> <table border="1"> <tr> <td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td> </tr> </table> <b>Place:</b>	d	d	/	m	m	/	y	y	
	d	d	/	m	m	/	y	y	
<b>Signature and Seal</b>  <b>Principal Magistrate, Juvenile Justice Board</b>									

**Copies of the following are attached with this order. Tick the ones attached.**

- Copy of Form 1- First Referral Report**
- Copy of complaint Letter (if any applicable for cases heard by JJB)**
- Copy of Medical Report (if any)**

**SOCIAL INVESTIGATION REPORT**  
[Rule 11(1)(f), 11(14), 14(2), 20(1)(a.iii), 20(16)]

Form 6

PART 0: CASE NUMBER :											
CASE NO											
PART 1: CHILD PARTICULARS											
<b>1 Name of child-Full Name</b>											
<b>2 Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			<b>3 Language(s) known</b>			<b>4 Religion</b> <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Jain <input type="checkbox"/> Others <input type="checkbox"/> Not revealed					
<b>5 Caste</b> <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/> Not Revealed			<b>6 Age</b>		<b>7 Date of Birth</b> ____/____/____			<b>8 Occupation</b>			
<b>9 Education Level</b>			<b>10 School Name and Locality</b>								
<b>11 Is the child disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>12 Type of disability (answer only if 11 is "yes")</b> <input type="checkbox"/> Visually challenged <input type="checkbox"/> Hearing and Speech challenged <input type="checkbox"/> Physically challenged <input type="checkbox"/> Learning disability <input type="checkbox"/> Other								
<b>13 Who does the child stay with?</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other			<b>15 Address of child's place of stay</b>								
<b>14 If Other, Name of the Person</b>			City/Town/Village			Panchayat			Taluk		
<b>16 If Other, Relationship</b>			District			State			PIN		
PART 2: FAMILY DETAILS											
Child's Father's and Mother's Particulars											
<b>17 Father's Name- Full Name</b>			<b>18 Address of Father's place of stay</b>								
<b>19 Father's Occupation</b>			City/Town/Village			Panchayat			Taluk		
<b>20 Monthly Income</b>			District			State			PIN		
<b>21 Mother's Name- Full Name</b>			<b>22 Address of Mother's place of stay (if same as child's or father's place of stay, mention so - do not fill details)</b>								
<b>23 Mother's Occupation</b>			City/Town/Village			Panchayat			Taluk		
<b>24 Monthly Income</b>			District			State			PIN		

**SOCIAL INVESTIGATION REPORT**  
[Rule 11(1)(f), 11(14), 14(2), 20(1)(a.iii), 20(16)]

Form 6

**PART 2: FAMILY DETAILS (CONTD/)**

**25 Family Members**

S No.	Member's Name	Relationship to the child	Age	Education	Occupation	Monthly income	Health Status	Specify if any disability
1								
2								
3								
4								
5								
6								
7								
8								
9								

**26 Any cases of delinquency /Crime amongst other family members**

**SOCIAL INVESTIGATION REPORT**  
 [Rule 11(1)(f), 11(14), 14(2), 20(1)(a.iii), 20(16)]

Form 6

<b>27 Overall Economic Status of the Family</b>				
<input type="checkbox"/> BPL <input type="checkbox"/> Poor <input type="checkbox"/> Lower Middle Class <input type="checkbox"/> Upper Middle Class <input type="checkbox"/> Well-to-do				
<b>28 Description of Home &amp; Living Conditions</b>				
<b>a) House</b>	<b>b) No. of Rooms</b>	<b>c) Toilet</b>	<b>d) Drinking Water</b>	<b>e) Environment</b>
<input type="checkbox"/> Kutchha <input type="checkbox"/> Pucca  <input type="checkbox"/> Pavement Dwelling  <input type="checkbox"/> Others	_____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Unhealthy <input type="checkbox"/> Overcrowded <input type="checkbox"/> Clean
<b>INTERACTION WITH FAMILY MEMBERS</b>				
<b>29 Names of Family member(s) met</b>			<b>33 Observations about Family's commitment to the child</b>	
<b>30 Parent's relationship with child &amp; other children</b>				
<b>31 Concerns expressed by parents, if any</b>				
<b>32 The Child has been missing from home previously</b> <input type="checkbox"/> Yes <input type="checkbox"/> No A) If Yes, the number of times: _____  B) Reason for child 'missing' from home earlier ( <i>tick more than one for different missing incidents</i> )  <input type="checkbox"/> Ran away <input type="checkbox"/> Kidnapped <input type="checkbox"/> Lost his/her way <input type="checkbox"/> Lost from family during a trip <input type="checkbox"/> Others  C) Other details of previous incidents:				
<b>34 Attitude of other Family Member's/ Neighbour's towards child</b>			<b>35 Observations about Neighbour's and Peer Feedback</b>	
<input type="checkbox"/> Friendly <input type="checkbox"/> Sympathetic <input type="checkbox"/> Unfriendly <input type="checkbox"/> Indifferent <input type="checkbox"/> Other				
<b>36 Friends' and Peer Group Opinion / feedback</b>				

**SCHOOL/COLLEGE VISIT IF STUDYING**

**36 School/College Teacher(s)/Staff met**

- a)
- b)
- c)

Latest Year of Attending school	Last Class Attended	Attendance	Academic Performance (Marks/Grade)	Sports and Cultural Activities

**37 Teacher's Feedback on child's behavior in the classroom**

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**38 Any Other Specific Observation**

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**ONLY IN CASE THE CHILD IS/WAS WORKING**

**39 Child's Work Record**

S No	Job	Employer	Duration	Reasons for Leaving	Attitude Towards work/employer
1					
2					
3					

**INTERACTION WITH CHILD**

**40 Personal Traits/Characteristics/ Talents**

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**41 Incidences of ill treatment / abuse as narrated by the child**

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**42 Habits (if any)**

- None   
  Smoking   
  Alcohol   
  Gambling   
  Substance/ Drug Abuse

If substance or drug abuse, please specify \_\_\_\_\_

<b>Overall Observations and Recommendations of the PO.</b>
<b>43 Any Other Observations of PO/Case Worker</b>

<b>Date</b>								
<table border="1"><tr><td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td></tr></table>				/			/	
		/			/			
<b>Place:</b>	<b>Signature (Probation Officer/ Case Worker)</b>							

**Documents Attached: Tick those applicable**

- School attendance / School Progress Report
- Recommendation of experts/ medical practitioners consulted
- Previous Institutional Case History, if any

**Note:**

- a) This format shall be used by the PO to do the Home Inquiry as soon as the Order for Social Investigation is made by the JJB



**SUPERVISION ORDER**

Form 7

[Rule 11(1)(g), 14(8), 57(1), 61(1)(d), 69(5), 75(1)(a)]

- The juvenile will attend the attendance centre regularly
- The person under whose care the juvenile is placed will arrange for proper care, education and development of the juvenile
- Preventive measures will be taken by the person under whose care the juvenile is placed to see that the juvenile does not commit any offence punishable by any law in force in India.
- The juvenile will be prevented from taking narcotic drugs or psychotropic substances or any other intoxicants
- The directions given by the probationary worker/ case-worker from time to time for the due observance of the conditions mentioned above will be carried out
- Additional conditions imposed on the juvenile and his/her family.

(a)

(b)

(c)

(d)

Date:

d	d	/	m	m	/	y	y
---	---	---	---	---	---	---	---

Place:

Signature and Seal

Principal Magistrate, Juvenile Justice Board

**UNDERTAKING BY PERSON  
IN WHOSE CARE THE JUVENILE IS PLACED**  
[Rule 14(5), 34(2)]

Form 8

<b>PART 0: CASE NUMBER :</b>												
CASE NO												
<b>PART 1: JUVENILE PARTICULARS</b>												
<b>1 <u>Name of child</u>-Full Name</b>												

**2 Reference to Supervision Order dated** \_\_\_\_/\_\_\_\_/\_\_\_\_.

The said child has been placed under my/our care by the Juvenile Justice Board.

I, as parent / guardian /fit person will take proper care of the said child and be responsible for his/her good behaviour for a period of \_\_\_\_\_ years \_\_\_\_\_ months, commencing from \_\_\_\_/\_\_\_\_/\_\_\_\_.

**I will abide by the following conditions for the said period:**

- (1) I shall not change my place of residence without giving previous intimation in writing to the JJB through the Probation Officer/ Child Welfare Officer.
- (2) I shall not remove the said child from the limits of the jurisdiction of the JJB without prior written permission of the JJB.
- (3) I shall send her/him daily to school /to such daily work as is approved by JJB unless prevented from doing so by circumstances beyond my control.
- (4) I shall report immediately to the JJB whenever required.
- (5) I shall produce the said child if s/he seriously misbehaves and report to the JJB if s/he absconds from my care.
- (6) I shall render all necessary assistance to the probation officer / case worker to enable him/her to carry out the duties of supervision.
- (7) I shall cooperate to the best of my ability in the implementation of the individual care plan.
- (8) Additional conditions if any defined by the JJB.
  - (a)
  - (b)
  - (c)
  - (d)

<p><b>Date:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">d</td> <td style="width: 20px;">d</td> <td style="width: 20px;">/</td> <td style="width: 20px;">m</td> <td style="width: 20px;">m</td> <td style="width: 20px;">/</td> <td style="width: 20px;">y</td> <td style="width: 20px;">y</td> </tr> </table></p> <p><b>Place:</b></p>	d	d	/	m	m	/	y	y	<p><b>Name and Signature of the Person under whose care the Juvenile is placed</b></p>
d	d	/	m	m	/	y	y		

**UNDERTAKING BY JUVENILE**

[Rule 14(6) and 34(2)]

**Form 9**

CASE NO

*Ordered under section(s) of JJ Act:* \_\_\_\_\_*Personal undertaking under section(s) of JJ Act:* \_\_\_\_\_**Whereas, I***(Name of the Juvenile)*

Resident of:

Address of the place of stay of the Juvenile			
		Taluk	District
City/Town/Village	Panchayat	State	Pin

have been ordered to be sent back/restored to my native place by the Juvenile Justice Board on my entering into a personal undertaking to observe the conditions mentioned herein below.

I therefore, do solemnly promise to abide by these conditions during the period:

\_\_\_/\_\_\_/\_\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_\_.

- (1) During the period mentioned above I shall not ordinarily leave the village/town/district to which I am sent and shall not ordinarily return to the Home or go anywhere also beyond the said district without the prior permission of the Board/Committee.
- (2) During the said period I shall attend work/school in the village/town or in the said district to which I am sent;
- (3) In case of my attending work/school at any other place in the said district I shall keep the Board/Committee informed of my ordinary place of residence.
- (4) I shall behave properly and shall not in any way commit any breach of conditions laid down in this bond and accepted by me.
- (5) During the period specified in the Order I shall particularly observe the following conditions:
  - (a) I shall accept the guidance and assistance of the relative or fit person to whom I am sent as named in the order and will obey the directions given to me from time by the said person.
  - (b) I shall not play truant from home, school, work of place to which I am sent;
  - (c) I shall live honestly and will endeavour to earn an honest livelihood/attend school regularly and obey the authorities, shall not change my employment/school without the permission of the relative or fit person to whom I am sent.

**UNDERTAKING BY JUVENILE**

[Rule 14(6) and 34(2)]

**Form 9**

(d) Additional conditions, if any

(6) In case I fail to observe any of the conditions specified above, I shall on my reappearance before the competent authority receive such order as the competent authority deems fit.

<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<b>Thumb impression or Signature of the Child being released</b>
<b>Place:</b>	

Certified that the conditions specified in the above order have been read over/explained to the said child and that he/she has accepted them as the conditions upon which his/her release order may be revoked.

<b>Date</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<b>Signature and Designation by the Certifying authority i.e. Officer-In-Charge of the Institution</b>
<b>Place:</b>	

To:

**The Officer-In-Charge**

<Name of Institution & Address>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Case Number:</i>												
B	/											
<i>Presented under section(s)</i>												
_____												
<i>Order Number:</i>												

Whereas the juvenile, <Name of the Juvenile>\_\_\_\_\_

being found to be in conflict with law, is ordered by me Principal Magistrate, Juvenile Justice Board, under Section 15(g) of the Juvenile Justice Act 2000, to be placed in the Special Home for a period of \_\_\_\_\_ Years \_\_\_\_\_ months, from the date of this order.

- a) This is to authorize and require you to receive the said child into your charge and to keep him/her in the Special Home for the aforesaid order to be carried into execution according to law.
- b) You are also directed to produce the child before the Juvenile Justice Board as and when required.

<p><b>Date:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></p> <p><b>Place:</b></p>			/			/			<p style="text-align: center;"><b>Signature and Seal</b></p> <p style="text-align: center;"><b>Principal Magistrate, Juvenile Justice Board</b></p>
		/			/				

Originals of the all the case papers of the child should be transferred to the institution where the child is to be placed.

**DISCHARGE ORDER**  
[Rule 13(10)]

Form 11

Where as the said juvenile, who was ordered to be detained/placed in a observation

home/special home/after care home by the Juvenile Justice Board and who is now in the

\_\_\_\_\_

to be discharged on date:

Date of Discharge:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Time of Discharge

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

The child is discharged/ restored to his parents/ guardian residing at (address with landmarks):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Case Number:</i>											
B											
<i>Child's Name</i>											
<i>Presented under section(s)</i>											
<i>Institutional Placement Order Date:</i>											
		/			/						
<i>Order Number</i>											

I do by this order permit the discharge of the said child.

This order is granted subject to the conditions herein, upon the breach of any of which it shall be liable to be revoked.

**PART 2 : CONDITIONS APPLICABLE TO DISCHARGED JUVENILE**

The discharged juvenile/child shall proceed to the address of placement given in this order and live under the supervision and authority of \_\_\_\_\_

until the expiry of the period of his/her detention unless the remission is sooner cancelled.

1. He/She shall not, without the consent of the Probationary Officer remove himself/herself from that place to any other place.
2. He/she shall continue education.
3. He/She shall attend the Attendance Centre regularly.
4. He/She shall abstain from committing any offense and shall lead a sober and industrious life.
5. In the event of his/her committing a breach of any of the above conditions the remission of the period of detention hereby granted shall be liable to be cancelled and on such cancellation he/she shall be dealt with under sub section (3) of section 59 of the Juvenile Justice (Care & Protection of Children) Act 2000.

**PART 3: ACKNOWLEDGEMENT OF THE DISCHARGED JUVENILE**

I hereby acknowledge that I am aware of the above conditions which have been read over/explained to me and that I accept the same.

<b>Date</b> <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <b>Place:</b>	<b>Name and Thumb impression or Signature of the Child being restored</b>
---	---

Certified that the conditions specified in the above order have been read over/explained to the said child and that s/he has accepted them as the conditions upon which his/her restoration order may be revoked.

<b>Date</b> <input type="text" value="d"/> <input type="text" value="d"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="y"/> <input type="text" value="y"/> <b>Place:</b>	<b>Signature and Designation by the Certifying authority ie Officer-In-Charge of the Institution</b>
---	--

**Cc: Juvenile Justice Board**

**Attachments :**

- 1) Rehabilitation Plan
- 2) Case Summary

**FIRST REFERRAL REPORT OF CINOCAP**  
[Rule 31(8)]

Form 12

<b>PART 0: CASE NUMBER :</b>													
CASE NO	C											<i>Please affix photo of the child</i>	
<b>PART 1: CHILD PARTICULARS</b>													
1 <b>Name of child</b> -Full Name													
2 <b>Alias Name 1 :</b> 3 <b>Alias Name 2 :</b>													
4 <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				5 <b>Language(s) known</b>									
6 <b>Religion</b> <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Jain <input type="checkbox"/> Christian <input type="checkbox"/> Others <input type="checkbox"/> Not revealed				7 <b>Caste</b> <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/> Not Revealed				8 <b>Age</b>		9 <b>Date of Birth</b> ____/____/____			
10 <b>Education Level</b>			11 <b>School Name and Locality</b>				12 <b>Is child disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
13 <b>Disability Type</b> (answer only if 10 is "yes") <input type="checkbox"/> Visually challenged <input type="checkbox"/> Hearing & Speech <input type="checkbox"/> Physically challenged <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Mentally challenged													
14 <b>Identification Marks</b> (1)  (2)  (3)						15 <b>Personal Belongings of the child</b> (1)  (2)  (3)							
16 <b>Who does the child stay with?</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both parents <input type="checkbox"/> Other						18 <b>Address of child's place of stay</b>							
17 <b>If Other, Name of the Person</b>						City/Town/Village		Panchayat		Taluk			
19 <b>If Other, Relationship</b>						District		State		PIN			
20 <b>Landmark 1:</b>						21 <b>Landmark 2:</b>							
<b>Child's Father's and Mother's Particulars</b>													
22 <b>Father's Name</b> - Full Name						23 <b>Address of place of stay</b>							
						City/Town/Village		Panchayat		Taluk			
24 <b>Father's Occupation</b>						District		State		PIN			
25 <b>Mother's Name</b> - Full Name						26 <b>Address of place of stay</b> (if same as child's or father's place of stay, mention so - do not fill details)							
						City/Town/Village		Panchayat		Taluk			
27 <b>Mother's Occupation</b>						District		State		PIN			

**PART 2: CASE PARTICULARS**

**A: CHILD LABOUR / MIGRANT/ BEGGARY CASE DETAILS**

<b>28 Date &amp; Time when referred</b> <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td> </tr> <tr> <td></td><td></td><td>:</td><td></td><td></td><td></td><td></td><td>AM / PM</td> </tr> </table>				/			/					:					AM / PM	<b>29 Referred by</b> <input type="checkbox"/> NGO <input type="checkbox"/> Police Officer/CWO <input type="checkbox"/> Labour Officer <input type="checkbox"/> SJPU <input type="checkbox"/> Public <input type="checkbox"/> Child Line <input type="checkbox"/> Another Child <input type="checkbox"/> Child himself/herself <input type="checkbox"/> Transfer from other CWC <input type="checkbox"/> JJB	
		/			/														
		:					AM / PM												
<b>30 Name and Contact details of Agency/Person who reported the case</b> (do not fill if child himself came)																			
<b>31 Rescued by</b> (if different from 28) <input type="checkbox"/> NGO Name _____ <input type="checkbox"/> Police (Police Station) _____ <input type="checkbox"/> Child Line <input type="checkbox"/> Labour Department																			
<b>32 Nature of work</b> (work sector)	<b>33 Hours of Work/Day</b> _____ Hours	<b>34 Wage Payment</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Advance <input type="checkbox"/> No Wages	<b>35 Amount</b> _____																
<b>36 Name of Employer</b>		<b>37 Address of Employer</b>																	
		City/Town/Village	Panchayat																
			Taluk																
<b>38 Name of Establishment</b>		District	State																
			PIN																
<b>39 Is the child a migrant child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>40 District from where migrated</b> (If 37, is "Yes")	<b>41 State from where migrated</b> (If 37, is "Yes")																	

**B: 'FOUND' CHILD CASE DETAILS (For Abandoned, Runaways & Lost children who are found)**

<b>42 Date &amp; Time when found</b> <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td> </tr> <tr> <td></td><td></td><td>:</td><td></td><td></td><td></td><td></td><td>AM / PM</td> </tr> </table>				/			/					:					AM / PM	<b>43 Found by</b> <input type="checkbox"/> NGO <input type="checkbox"/> Police Officer/CWO <input type="checkbox"/> Adoption Agency <input type="checkbox"/> SJPU <input type="checkbox"/> Public <input type="checkbox"/> Child Line <input type="checkbox"/> Another Child <input type="checkbox"/> Child himself/herself <input type="checkbox"/> Govt / Dept Official	
		/			/														
		:					AM / PM												
<b>44 Type of case</b> <input type="checkbox"/> Abandoned <input type="checkbox"/> Runaway <input type="checkbox"/> Lost	<b>45 Name and Contact details of Person who found the child</b> (do not fill if child himself came to CWC)																		
<b>46 Presented to CWC by</b> (if different from the 43) <input type="checkbox"/> NGO _____ <input type="checkbox"/> Police _____ <input type="checkbox"/> Child Line		<b>47 Location where child was found: Address with Land Marks</b>																	
		City/Town/Village	District																
			State																

**C: SURRENDERED CHILD**

<b>48 Date &amp; Time when referred</b>		<b>49 Referred by</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NGO	<input type="checkbox"/> Police Officer/CWO
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Public	<input type="checkbox"/> Child Line
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Parent/ Guardian	<input type="checkbox"/> Adoption Agency
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Hospital	
<input type="text"/>	<input type="text"/>		
AM / PM			
<b>50 Name &amp; contact of the person/NGO/Agency referring the case</b>			
<b>51 Surrendered by</b>			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian			

**D: VOLUNTARY ADMISSION: FAMILY CIRCUMSTANCES/ SPECIAL NEEDS/ HIV /AIDS**

<b>52 Date &amp; Time when referred</b>		<b>53 Referred by</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NGO	<input type="checkbox"/> Parent/Guardian
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Govt official	<input type="checkbox"/> Child himself/herself
<input type="text"/>	<input type="text"/>	<b>54 Reason for Voluntary Admission</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Family Circumstances	<input type="checkbox"/> Special Needs
<input type="text"/>	<input type="text"/>		
AM / PM			
<b>55 Name &amp; contact of the person/Agency referring the case if other than Parent/Guardian</b>			

**E: CHILD ABUSE CHILD MARRIAGE**

*(Facts of child abuse and marriage come to fore during the inquiry process of other cases. The details of such cases must be reported under the case details of those respective sections). This section is to be used only those cases where the case cannot be classified in any of the other sections.*

<b>56 Date &amp; Time when referred</b>		<b>57 Referred by</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NGO	<input type="checkbox"/> Police Officer/CWO
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> SJPU	<input type="checkbox"/> Citizen
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Child Line
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Child himself/herself	<input type="checkbox"/> Another child
AM / PM			
<b>58 Name and Contact details of Person who referred the child</b>			
(do not fill if child himself came to CWC)			

**F: CHILD CUSTODY** *(Technically child custody cases are heard in Family Courts. However Families approach CWC for advise and guidance in custody cases. There are also cases where custody is being contested by an institution.*

<b>59 Date &amp; Time when referred</b>		<b>60 Referred by</b>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NGO	<input type="checkbox"/> Parent/ Guardian
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Court	<input type="checkbox"/> Police
<input type="text"/>	<input type="text"/>		
AM / PM			
<b>61 Name of Persons contesting/ claiming custody if other than Parents</b>			

**PART 3: OTHER FACTS OF THE CASE**

<b>62 Physical State</b>  	<b>63 Any signs of physical abuse</b> <input type="checkbox"/> Scars <input type="checkbox"/> Open wounds <input type="checkbox"/> Burn marks <input type="checkbox"/> Bruises <input type="checkbox"/> Others	<b>64 Emotional State</b>  
<b>65 Brief case history and details</b>  		

**PART 4: DETAILS OF THE PERSON FILLING UP THE FORM**

<b>Date:</b> <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/			<b>Name</b>  
		/			/				
<b>Place:</b>	<b>Signature</b>  								
	<b>Designation (PO)</b>  								

**PART 5: CWC's decision on placement of child at First Hearing**

Parent's Home     
  Guardian's Home     
  Children's Home     
  Fit Institution  
 Crisis Intervention Centre     
  Shelter Home     
  Adoption Agency

<b>a) Institution Name</b>	<b>b) Date of admission</b> <table border="1" style="display: inline-table; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/			<b>c) Admission Register No</b>
		/			/					

**Attachments: Tick those relevant**

- FIR On Adult Perpetrators
- Referral Report/ Case sheet by Child Line, NGOs
- Any other documents

**1. Note:**

---

- 1) This First Referral Report is expected to be filled by the PO in discussion with NGO/ChildLine/ and after referring referral report CWC member who brings the child before the CWC.
- 2) The NGO/ ChildLine/ CWC Member should make efforts in tracing the parents of the child. This report must be submitted along with this format during the first hearing with the CWC.
- 3) The **CASE NO. (Case Number)** will be assigned by the Documentation Assistant or Case worker attached to the CWC. S/he should ensure that the correct serial number is entered.



To,

<Name of the Parent/ Guardian>

<Address>

Dear Parent/ Guardian,

Your child/ward : \_\_\_\_\_

was found on date \_\_\_\_/\_\_\_\_/\_\_\_\_ and at time: \_\_\_\_:\_\_\_\_am / pm

he/she was found:

- abandoned
- wandering without adult supervision and without any ostensible means of protection
- residing with a person who was not able provide adequate care and/ or was likely to harm the child
- working as a child labourer
- begging on the streets
- exploited, neglected, abused, molested
- being trafficked
- emotionally /mentally distraught and unable to give us his/her address details,

in a situation that was assessed to be unsafe for a child under section 32(1) of the JJ (C&PC) Act 2000. A process of inquiry into the circumstances of the child has been initiated by the Child Welfare Committee.

In the best interest of the child, s/he has been placed at the following institution by the Child Welfare Committee.

<Name & Address of the Institution>

You are hereby directed to present yourself to Child Welfare Committee at:

Place \_\_\_\_\_

on \_\_\_\_/\_\_\_\_/\_\_\_\_ at time \_\_\_\_:\_\_\_\_:\_\_\_\_.

Date: <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>Y</td></tr></table>	d	d	/	m	m	/	y	Y	
	d	d	/	m	m	/	y	Y	
Place: _____	Name, Signature and Seal Probation Officer								

Copy to: Child Welfare Committee, \_\_\_\_\_, District

Copy to: Superintendent, \_\_\_\_\_

**SUPERVISION ORDER**  
[Rule 31(13), 39(9)(i.vi), 69(5)]

Form 15

*When the child is placed under care of parent, guardian or other Fit Person.*

PART 0: CASE NUMBER :												
CASE NO												
<b>1 Name of child</b> -Full Name												

a) Whereas the said child, whose details are given above, has this day been found to be in need of care and protection, and has been placed under the care and supervision of the following:

<b>2 Name of the Person</b>			
<b>3 Address of the Person</b>			
		Taluk	District
City/Town/Village	Panchayat	State	Pin

**b) The Committee is satisfied that it is expedient to place the child under supervision of the aforesaid parent/guardian/ fit person**

For a period of \_\_\_\_\_ Years \_\_\_\_\_ Months, commencing from \_\_\_/\_\_\_/\_\_\_.

**subject to the following conditions:**

- The child along with the copies of the order and the undertaking, if any, shall be produced before the Committee as and when required.
- The child shall be placed under the supervision of the aforesaid parent/ guardian/ Fit Person.
- The child will reside at the above address for a period \_\_\_\_\_ Years \_\_\_\_\_ Months
- The CWC will be intimated and permission sought to take the child out of district jurisdiction permanently or for a duration longer than a period of 2 months.
- The child will not be allowed to associate with anti-social elements. Preventive measures will be taken by the person under whose care the child is placed to see that the child does not commit any offence punishable by any law in force in India.
- The child will lead an honest and peaceful life
- The person under whose care the child is placed will arrange for proper care, education and development of the child. The child shall continue his education and prepare for economic independence
- The child will be prevented from taking narcotic drugs or psychotropic substances or any other intoxicants
- The directions given by the probationary officer/ case-worker from time to time for the due observance of the conditions mentioned above will be carried out

**SUPERVISION ORDER**  
[Rule 31(13), 39(9)(i.vi), 69(5)]

Form 15

Additional conditions imposed on the child and his/her family.

(a)

(b)

(c)

(d)

<b>Date:</b> <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td></tr></table> <b>Place:</b>	d	d	/	m	m	/	y	y	
	d	d	/	m	m	/	y	y	
<b>Signature and Seal</b> <b>Chairperson, Child Welfare Committee</b>									

**Copy to: Probation Officer of PO Act, \_\_\_\_\_, District**

**UNDERTAKING BY PARENT / FIT PERSON  
TO WHOM THE CHILD IS RESTORED**  
[Rule31(13), 34(2)]

Form 16

I \_\_\_\_\_

\_\_\_\_\_

**resident of:**

House No /Street/ Road Name		
City/Town/Village	Panchayat	Taluk
District	State	PIN

*Case Number:*

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Child's Name*

*Presented under section(s)*

*Order Number:*

do hereby declare that I am willing to take charge of the said child under the orders of the Child Welfare Committee (CWC). As long as the child remains in my charge, I will abide by the following terms and conditions:

1. I shall not change my place of residence without giving previous intimation in writing to the CWC
2. I shall not remove the said child from the limits of the jurisdiction of the CWC without previously obtaining written permission of the CWC.
3. I shall do my best for the welfare and education of the child.
4. I shall report immediately to the CWC whenever required.
5. I shall present the said child if s/he seriously misbehaves and report to the CWC if s/he absconds from my care.

<b>Date:</b>	d	d	/	m	m	/	y	y
<b>Place:</b>								
<i>Signature, Name and Address of Witness</i>								
<b>WITNESS 1:</b>	<b>(Signature)</b>							
<b>WITNESS 2:</b>								
<b>(Signed before me) (Chairperson, Child Welfare Committee)</b>								

**ORDER FOR SOCIAL INQUIRY**

[Rule 32(1)]

**Form 17**

To,

**The Probation Officer / Case Worker / Social worker**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Case Number:</i>												
C												
<i>Child's Name</i>												
<i>Presented under section(s)</i>												

You are hereby directed to undertake the following:

- a) Prepare a Social Inquiry Report: Enquire into the social and family background of the said child whose brief particulars are given above and submit your Social Inquiry Report (Form 18)
- b) Submit a Specialist's Report (Only if necessary): Consult an expert in child psychology, psychiatric treatment or counseling for his/her expert opinion on the child, if necessary, and submit the report.
- c) Conduct a routine medical examination by the medical officer in charge.

on or before: \_\_\_\_/\_\_\_\_/\_\_\_\_ or within \_\_\_\_\_ period of time as allowed by the Committee.

<b>Date:</b> <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td></tr></table> <b>Place:</b>	d	d	/	m	m	/	y	y	
	d	d	/	m	m	/	y	y	
<b>Signature and Seal</b> <b>Chairperson, Child Welfare Committee</b>									

**SOCIAL INQUIRY REPORT**  
[Rule 32(4), 57(1), 61(1)(d), 75(1)(a), 75(2)]

Form 18

<b>PART 0: CASE NUMBER : To be entered by the Clerk/ Case worker at CWC</b>			
CASE NO			
<b>PART 1: CHILD PARTICULARS</b>			
1 <b>Name of child-Full Name</b>			
2 <b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		3 <b>Language(s) known</b>	
		4 <b>Religion</b> <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Jain <input type="checkbox"/> Others <input type="checkbox"/> Not revealed	
5 <b>Caste</b> <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/> Not Revealed		6 <b>Age</b>	7 <b>Date of Birth</b> ____/____/____
9 <b>Education Level</b>		8 <b>Occupation</b>	
10 <b>School Name and Locality</b>			
11 <b>Is the child disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		12 <b>Type of disability (answer only if 11 is "yes")</b> <input type="checkbox"/> Visually challenged <input type="checkbox"/> Hearing and Speech challenged <input type="checkbox"/> Physically challenged <input type="checkbox"/> Learning disability <input type="checkbox"/> Other	
13 <b>Who does the child stay with?</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other 14 If Other, <b>Name of the Person</b>		15 <b>Address of child's place of stay</b>	
		City/Town/Village	Panchayat
		Taluk	
16 If Other, <b>Relationship</b>		District	State
		PIN	
<b>PART 2: FAMILY DETAILS</b>			
<b>Child's Father's and Mother's Particulars</b>			
17 <b>Father's /Guardian's Name- Full Name</b>		18 <b>Address of place of stay</b>	
		City/Town/Village	Panchayat
		Taluk	
19 <b>Father's /Guardian's Occupation</b>		District	State
		PIN	
20 <b>Monthly Income</b>		22 <b>Address of place of stay</b> (if same as child's or father's place of stay, mention so - do not fill details)	
21 <b>Mother's Name- Full Name</b>			
23 <b>Mother's Occupation</b>		City/Town/Village	Panchayat
		Taluk	
24 <b>Monthly Income</b>		District	State
		PIN	

**SOCIAL INQUIRY REPORT**  
[Rule 32(4), 57(1), 61(1)(d), 75(1)(a), 75(2)]

Form 18

<b>PART 2: FAMILY DETAILS (CONTD/)</b>									
<b>25 Family Members (Other than Mother &amp; Father)</b>									
S No.	Member's Name	Relationship to the child	Age	Education	Occupation	Specify if present in any institutional care	Monthly Income	Health Status	Specify if any disability
1									
2									
3									
4									
5									
6									
7									
8									
9									

**SOCIAL INQUIRY REPORT**  
[Rule 32(4), 57(1), 61(1)(d), 75(1)(a), 75(2)]

Form 18

<b>26 Overall Economic Status of the Family</b>				
<input type="checkbox"/> BPL <input type="checkbox"/> Poor <input type="checkbox"/> Lower Middle Class <input type="checkbox"/> Upper Middle Class <input type="checkbox"/> Well-to-do				
<b>27 Description of Home &amp; Living Conditions</b>				
<b>a) House</b>	<b>b) No. of Rooms</b>	<b>c) Toilet</b>	<b>d) Drinking Water</b>	<b>e) Environment</b>
<input type="checkbox"/> Kutchha <input type="checkbox"/> Pucca  <input type="checkbox"/> Pavement Dwelling  <input type="checkbox"/> Others	_____	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Unhealthy <input type="checkbox"/> Overcrowded <input type="checkbox"/> Clean
<b>INTERACTION WITH FAMILY MEMBERS</b>				
<b>28 Names of Family member(s) met</b>			<b>32 Observations about Family's commitment to the child</b>	
<b>29 Parent's relationship with child &amp; other children</b>				
<b>30 Concerns expressed by parents, if any</b>				
<b>31 Has the child been missing from home previously?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, the number of times: _____  B) Reason for child 'missing' from home earlier <i>(tick more than one for different missing incidents)</i>  <input type="checkbox"/> Ran away <input type="checkbox"/> Kidnapped <input type="checkbox"/> Lost his/her way <input type="checkbox"/> Lost from family during a trip <input type="checkbox"/> Others  C) Was FIR filed? <input type="checkbox"/> Yes <input type="checkbox"/> No      D) If yes FIR No E) Was the Police informed when the child returned home. <input type="checkbox"/> Yes <input type="checkbox"/> No  E) Other details of previous incidents:				
<b>33 Attitude of other Family Member's/ Neighbour's towards child</b>			<b>34 Observations about Neighbour's and Friends' Feedback</b>	
<input type="checkbox"/> Friendly <input type="checkbox"/> Sympathetic <input type="checkbox"/> Unfriendly <input type="checkbox"/> Indifferent <input type="checkbox"/> Other				
<b>35 Friends and Peer Group Opinion / feedback</b>				

**SCHOOL / COLLEGE VISIT**

36 School / College Teacher(s)/Staff met

- a)
- b)
- c)

Latest Year of Attending school	Last Class Attended	Attendance	Academic Performance (Marks/Grade)	Sports and Cultural Activities

37 Teacher's Feedback on child's behavior in the classroom

--

38 Any Other Specific Observation, please specify

--

39 Child's Property Rights

S No	Type of Property	Property Description	Owned by	In custody of	Remarks
1					
2					
3					

**IN CASE OF CHILD LABOUR**

40 Child's Work Record

S No	Job	Employer	Duration	Reasons for Leaving	Attitude Towards work/employer
1					
2					
3					

**INTERACTION WITH CHILD**

41 Personal Traits/Characteristics/ Talents

--

<b>42 Incidences of ill treatment / abuse as narrated by the child</b>
<b>43 Habits (if any)</b> <input type="checkbox"/> None <input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol <input type="checkbox"/> Gambling <input type="checkbox"/> Substance/ Drug Abuse
If substance or drug abuse, please specify _____

<b>Overall Observations and Recommendations of the PO.</b>	
<b>44 Any Other Observations of PO/Case Worker</b>            	<b>45 Recommendations regarding Rehabilitation and Integration Needs, include expert opinions on:</b> <i>Schooling, Vocational Training, Emotional &amp; Psychological (Counseling), Medical Treatment, Family Contact, Restoration to biological family</i>  <u>Placement Alternatives in best Interests of the Child</u>  <u>Family based</u> <input type="checkbox"/> Restore to biological family in ____ (Years/Months) <input type="checkbox"/> Foster Care Placement <input type="checkbox"/> Place in adoption  <u>Institutional Alternatives</u> <input type="checkbox"/> Fit Institution <input type="checkbox"/> Children's Home  <hr/> <hr/> <hr/> <hr/>

**Documents Attached: Tick those applicable**

<b>Date</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/			          
		/			/				
<b>Place:</b>	<b>Signature (Probationary Officer/ Case Worker)</b>								

- School attendance , Progress Report
- Opinion Recommendation of experts/ medical practitioners consulted
- Previous Institutional Case History, if any

**Note:**  
 a) This format shall be used by the PO to do the Home Inquiry as soon as the Order for Social Inquiry is made by the CWC



**ORDER FOR INSTITUTIONAL PLACEMENT**

[Rule 32(7)]

Form 20

To

The Officer in Charge

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Affix photo of child  
here*

Order no:

PART 0: CASE NUMBER :												
CASE NO												
1 <b>Name of child</b> -Full Name												
Presented under section(s) _____ of The JJ (C& PC) Act 2000.												

The child, particulars about whom are given above is in need of care and protection. For the purposes of rehabilitation and integration, it is hereby ordered that the said child be placed at the children's home/ fit institution under your supervision for a period of \_\_\_\_\_ years \_\_\_\_\_ months commencing from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

This is to authorize and require you to receive the said child into your charge and to keep her/him in the children's home/fit institution for the aforesaid order to be carried into execution according to law.

All records, documents and personal belongings of the child will be handed over to you.

Date: 

D	d	/	m	M	/	y	y
---	---	---	---	---	---	---	---

Place:

**Signature and Seal**

**Chairperson, Child Welfare Committee**

*a) All case papers and related documents must be photocopied. The originals must be delivered to the institution where the child shall be residing during the long term placement (committal) period. Photocopies shall be retained in the transferring institution, where the child stayed during the case pendency period.*

*b) All the money, valuables and personal belongings of the child shall be sent along with the child to the institution together with a statement of description and the value there of.*

Whereas the said child, who was admitted to the children's home, as ordered by the Committee has completed the age of 18 years / the committal period.

He/She is still in need of care and protection for the purpose of rehabilitation and social integration. S/he is placed in an After Care Home as given below Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Case Number:</i>											
C											
<i>Child's Name</i>											
<i>Presented under section(s)</i>											
_____											
<i>Date of Institutional Placement Order</i>											
		/			/						
<i>Order Number</i>											
_____											

- a) The Officer-in-charge of the After Care Home is directed to admit the young person and provide all possible opportunities for her/ his rehabilitation and reintegration in its truest sense.
- b) The child/youth shall be provided all opportunities till the age of 21 years or till reintegration in the society, whichever is earlier.
- c) The Officer-in-charge will send half yearly reports on the status of the young person to the Child Welfare Committee.

<p><b>Date:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">d</td> <td style="width: 20px;">d</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px;">m</td> <td style="width: 20px;">m</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px;">Y</td> <td style="width: 20px;">y</td> </tr> </table></p> <p><b>Place:</b></p>	d	d	/	m	m	/	Y	y	<p><b>Signature and Seal</b></p> <p><b>Chairperson, Child Welfare Committee</b></p>
d	d	/	m	m	/	Y	y		

**Cc: Child Welfare Committee**

**Attachments :** 1) Rehabilitation Plan 2) Case Summary

**INQUIRY ORDER (ADOPTION)**

[Rule 39(9)(b), 39(9)(j.ii)]

Form 22

To

**The Probation Officer / Superintendent / Case Worker**


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You are hereby directed to submit an Adoption Enquiry Report in Form 23 for the child whose particulars are given below based on the application submitted by the Adoption Agency mentioned below. The Report should be submitted on or before \_\_\_\_/\_\_\_\_/\_\_\_\_.

PART 0: CASE NUMBER :											
CASE NO	C										
PART 1: CHILD DETAILS											
1 <b>Name of child</b> -Full Name											
2 <b>Parent's Address</b>											
								Taluk		District	
City/Town/Village				Panchayat				State		Pin	
PART 2: Details of Adoption Agency											
3 <b>Name of the Shishu Gruha / Adoption Agency</b>											
4 <b>Agency Address</b>											
								Taluk		District	
City/Town/Village				Panchayat				State		Pin	

Date: 

d	d	/	m	m	/	y	y
---	---	---	---	---	---	---	---

Place:

---

**Signature and Seal**  
**CWC Chairperson**

**ENQUIRY REPORT TO DECLARE A CHILD LEGALLY FREE FOR ADOPTION**

[Rule 39(9)(b), 39(9)(j)(ii)]

Form 23

**PART 0: CASE NUMBER : To be entered by P.O**

CASE NO	C																			
---------	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**1 Name of child-Full Name**

**PART 1: CHILD DETAILS**

<b>2 Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<b>3 Language(s) known</b>	<b>4 Age</b>	<b>5 Date of Birth</b> ____/____/____
--	----------------------------	--------------	--

<b>6 Is child disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7 Disability Type</b> (answer only if 6 is "yes") <input type="checkbox"/> Visually Challenged <input type="checkbox"/> Hearing & Speech <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other	<b>8 Identification Marks</b>
---	--	-------------------------------

**PART 2: ADOPTION AGENCY DETAILS**

<b>9 Name of Adoption Agency</b>	<b>10 Agency Address</b>		
<b>11 Contact Person's Name &amp; Designation</b>	City/Town/Village	Panchayat	Taluk
	District	State	PIN
<b>12 In country adoption Agency License Number &amp; Validity</b>	<b>13 Inter-country Adoption Agency Recognition Number &amp; Validity</b>		
<b>14 Date of Application to CWC</b>	<b>15 Is adoption agency recognized as FI</b> If Yes FI Reference Number		

**PART 3: CASE PARTICULARS & INQUIRY FOR ABANDONED CHILD**

<b>16 Date &amp; Time when found</b> ____/____/____ : ____ AM / PM	<b>17 Found by</b> <input type="checkbox"/> NGO <input type="checkbox"/> Police Officer/CWO <input type="checkbox"/> Adoption Agency <input type="checkbox"/> SJPJ <input type="checkbox"/> Public <input type="checkbox"/> Child Line <input type="checkbox"/> Another Child <input type="checkbox"/> Child himself/herself <input type="checkbox"/> Hospital		
<b>18 Name &amp; Contact Details of the Person who found the child</b>	<b>19 Location where the child was found:</b> Street Address (Door No, Locality, Street Name)		
<b>20 Landmarks of the place</b>	City/ Town/ Village	Panchayat	Taluk
	District	State	PIN

**ENQUIRY REPORT TO DECLARE A CHILD LEGALLY FREE FOR ADOPTION**

[Rule 39(9)(b), 39(9)(j)(ii)]

Form 23

<b>21 Has a Police Report been made ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, FIR Number _____ Attach details of the Police Report
---	---

<b>22 Action taken to trace the biological parents/guardians of the abandoned child</b>			
<b>Photograph of the child was published in print media</b>	<b>Broadcast on AIR on</b>	<b>Telecast on DD on</b>	
In	On Date (s) ____/____/____	____/____/____ ____/____/____	____/____/____ ____/____/____
	____/____/____		
	____/____/____		

**23 Date when SIR (Form -18) was submitted:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**24 Other Efforts made to locate the biological parents/guardians of the abandoned child**

**PART 3: CASE PARTICULARS & INQUIRY FOR SURRENDERED CHILD**

<b>25 Date &amp; Time when referred</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;">/</td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;">/</td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> <tr> <td> </td><td> </td><td>:</td><td> </td><td> </td><td> </td><td> </td><td>AM / PM</td> </tr> </table>			/			/					:					AM / PM	<b>26 Referred by</b> <input type="checkbox"/> NGO <input type="checkbox"/> Police Officer/CWO <input type="checkbox"/> Adoption Agency <input type="checkbox"/> Citizen <input type="checkbox"/> Child Line <input type="checkbox"/> Parent/ Guardian <input type="checkbox"/> Hospital
		/			/												
		:					AM / PM										
<b>27 Name &amp; contact of the person/NGO/Agency referring the case</b>																	
<b>28 Surrendered by</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian(s)	<b>29 Have the parent(s) signed the Surrender Deed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>30 Surrender Deed Date</b> ____/____/____	<b>31 Any claimants to the child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																
<b>32 Observations on home situation (attach report, if needed)</b>																	

**33 If the child is older than 7 years, his/her consent has been taken**       Yes       No

**34 Any other relevant details.** \_\_\_\_\_

<b>35 Recommendations (Tick one of the following)</b> <input type="checkbox"/> I hereby declare that there have been no claimants to the child to the best of my knowledge. In the child's best interests s/he could be placed for adoption. <input type="checkbox"/> Further inquiry needed in this case. <input type="checkbox"/> Adoption placement for this child is not recommended.	<b>Other Suggestions/Remarks</b>
--	----------------------------------

**PO/ Case worker who conducted the enquiry**

<b>Date:</b> ____/____/____  <b>Place:</b>	<b>Name and Signature</b> <b>PO/ Case Worker</b>
--	---

*Affix photograph of  
the child*

*Case Number:*

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Order Number:*

\_\_\_\_\_

In exercise of the powers vested in the Child Welfare Committee, \_\_\_\_\_  
 District, constituted under Juvenile Justice (Care & Protection of Children) Act, 2000 (Rule 35  
 (3)(b)), minor \_\_\_\_\_ born on (date) \_\_\_/\_\_\_/\_\_\_,  
 placed in custody of Adoption Agency \_\_\_\_\_ vide order  
 \_\_\_\_\_, dated \_\_\_\_\_, of the Chairperson, Child  
 Welfare Committee has been declared legally free for adoption on the basis of the details  
 furnished in (*tick the appropriate ones*):

- Enquiry Report in Form 23, of rules of Juvenile Justice (Care & Protection of Children) Act, 2000 submitted by the Probationary Officer.
- Declaration submitted by Adoption Agency that there have been no claimants to the child.
- Deed of Surrender executed by the parent(s) and signed in presence of the Committee.

2. The Adoption Agency \_\_\_\_\_ shall fulfill all  
 conditions specified in the Juvenile Justice (Care & Protection of Children) Act, 2000 and rule relating  
 there to and furnish a copy of the adoption decree/guardianship order in respect of the child and  
 such returns as may be required by the Child Welfare Committee and the Department of Women and  
 Child Development, Government of Karnataka.

<b>Ordered By</b>		
Date: ___/___/___  Place:		
	<b>Signature Member, Child Welfare Committee</b>	<b>Signature Chairperson, Child Welfare Committee</b>

**ORDER DECLARING A CHILD LEGALLY FREE FOR ADOPTION**

[Rule 39(9)(d), 39(11)(i)]

Form 24

**TO BE COMPLETED by Adoption Agency**

1. I have read and understood **chapters 3 and 4** of the Juvenile Justice (Care & Protection of Children) Act, 2000 and the Government of Karnataka rules and herein agree to abide by the same while placing the said child in adoption.
2. I further declare that the particulars stated in the declaration submitted by me on \_\_\_/\_\_\_/\_\_\_\_\_ are true and correct. In case they are found to be found to be false or incorrect, the Child Welfare Committee has the right to suspend this release order and ask for production of the said child before the Child Welfare Committee.

Date: ___/___/___  Place:	
	<b>Signature &amp; Seal Chief Functionary of Adoption Agency</b>

**DEED OF SURRENDER**

[Rule 39(11)(d)]

**To be executed on judicial stamp paper and signed by the Parent(s) surrendering the child.**

I / We \_\_\_\_\_

d/o or s/o \_\_\_\_\_

d/o or s/o \_\_\_\_\_

residing at:

\_\_\_\_\_ I am/ we are

unable to care for the said child being my daughter/son/ ward due to:

being single  illness  social reasons  disability

The consequences of surrendering my/our child have been explained to me/us by the CWO/ Social Worker/ \_\_\_\_\_

I/we have been counseled on the matter on dates: \_\_\_\_\_ and \_\_\_\_\_

In full knowledge of these facts, I/we now surrender my child before Child Welfare Committee, \_\_\_\_\_.

If I/we do not approach the Committee to take back my/our child on / before expiry of two months from today, the Committee shall declare my/our child legally free for adoption and I/we shall have no further claim on my/our child.

Date: 

d	d	/	m	m	/	y	y
---	---	---	---	---	---	---	---

Place:

Signature of Parent/(s)

**To be signed by Child Welfare Officer/Social Worker/ Case Worker**

I \_\_\_\_\_ have explained to the concerned parents the procedure and the consequence of surrendering the child to the concerned parent/s on date \_\_\_\_/\_\_\_\_/\_\_\_\_.

Date: <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td></tr></table> Place:	d	d	/	m	m	/	y	y	
	d	d	/	m	m	/	y	y	
Signature of Child Welfare Officer/ Social Worker									

**DEED OF SURRENDER**

[Rule 39(11)(d)]

Form 25

Date: 

d	d	/	m	m	/	y	y
---	---	---	---	---	---	---	---

Place:

Signed before me  
Signature and Seal  
Chairperson- Child Welfare Committee  
Members - Child Welfare Committee

**PROFORMA : QUARTERLY CHILD STATUS REPORT**  
[Rule39(13)]

Form 26

<b>S.No.</b>	<b>Name of Child</b>	<b>Date of Admission</b>	<b>Date of Birth</b>	<b>Gender</b>	<b>Reason why the child has not been referred for adoption</b>

**ORDER OF FOSTER CARE PLACEMENT**  
[Rule41(1), 41(6), 41(9)(a)]

Form 27

The child,  
\_\_\_\_\_  
approximate age \_\_\_\_\_, d/o or s/o  
Mr. \_\_\_\_\_ and  
Mrs. \_\_\_\_\_ or  
Ms. \_\_\_\_\_  
is in need of care and protection of a family.

<i>Case Number:</i>										
C										
<i>Presented under section(s)</i>										
<i>Order Number:</i>										

Mr. \_\_\_\_\_ and  
Mrs. \_\_\_\_\_ or Ms. \_\_\_\_\_ resident  
of  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ is/  
are

declared fit person/persons for foster-care placement of the child based on the home study report of the Child Welfare Officer/Social Worker of the \_\_\_\_\_, District.

The said child is to be placed in foster care for a period of \_\_\_\_\_ (days/ months), under the supervision of the aforesaid Child Welfare Officer/Social Worker (name and contact) \_\_\_\_\_.

<b>Date:</b> <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>y</td></tr></table> <b>Place:</b>	d	d	/	m	m	/	y	y	
	d	d	/	m	m	/	y	y	
<b>Signature and Seal</b> <b>Chairperson- Child Welfare Committee</b>									

*Case Number:*

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Order Number:*

\_\_\_\_\_

1. In exercise of the powers vested in the Child Welfare Committee, \_\_\_\_\_ District, constituted under Juvenile Justice (Care & Protection of Children) Act, 2000 (Rule 35 (3)(b)), the child \_\_\_\_\_, placed at the Children’s Home/ Fit Institution or living with parents/family, has been declared free for foster care on the basis of the details furnished in Social Inquiry Report in Form 18, of rules of Juvenile Justice (Care & Protection of Children) Act, 2000 submitted by the Probationary Officer.

2. The Foster Care Placement Agency \_\_\_\_\_ shall fulfill all conditions specified in the Juvenile Justice (Care & Protection of Children) Act, 2000 and rules in respect of the foster care of the child and such returns as may be required by the Child Welfare Committee and the Department of Women and Child Development, Government of Karnataka.

**Ordered By**

<b>Date:</b> ___/___/___  <b>Place:</b>		
	<b>Signature Member, Child Welfare Committee</b>	<b>Signature Chairperson, Child Welfare Committee</b>

**ORDER FOR SPONSORSHIP SUPPORT**

[Rule 42(3)]

Form 29

To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Case Number:*

C														
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Child's Name*

\_\_\_\_\_

*Presented under section(s)*

\_\_\_\_\_

*Order Number:*

\_\_\_\_\_

On the basis of the inquiry report submitted by the Child Welfare Officer/ Probationary Officer/ Social Worker, it is established that the said child needs sponsorship support as specified below; You are hereby requested to sanction and release the said amount on the terms specified below to the said child. It is also recommended the terms and conditions for sponsorship support and follow-up be adhered to.

**SPONSORSHIP DETAILS**

**1 Sponsorship Purpose**  
 Education     Health     Nutrition     Other Developmental needs

---

**2 Sponsorship payment details**

a) **Total Sponsorship Amount** \_\_\_\_\_ *(In figures)*  
*(in words)*

b) **Payment schedule**     Monthly Basis     One time Support

c) **If monthly basis:**  
Amount per month \_\_\_\_\_ For a period of \_\_\_\_\_

<b>Date:</b> <table border="1"> <tr> <td>d</td><td>d</td><td>/</td><td>M</td><td>m</td><td>/</td><td>y</td><td>y</td> </tr> </table> <b>Place:</b> _____	d	d	/	M	m	/	y	y	    
	d	d	/	M	m	/	y	y	
	<b>Signature and Seal</b>  <b>Principal Magistrate- JJB/  Chairperson- CWC</b>								

Attachment: Social Investigation Report & Individual Care Plan



**INDIVIDUAL CARE PLAN**  
[Rule 57(3)(a), 61(1)(j)]

Form 30
---------

**B) VOCATIONAL SKILLS**

Skill /Course Name	Name of the Training Institute	Date of Admission	Duration

**C) EMOTIONAL AND PSYCHOLOGICAL NEEDS**

Name of the Counselor	Sessions Start Date	Number of Sessions

**D) HEALTH NEEDS (SPECIAL TREATMENT)**

Medical Practitioner/ Hospital	Treatment Start Date

**Part 4: Additional Requirements**

--

<p><b>Date</b></p> <table border="1" style="width: 100%;"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td> </tr> </table> <p><b>Place:</b></p>			/			/			<p><b>Name and Signature</b></p>   <p><b>Probationary Officer / Social Worker</b></p>
		/			/				

The care plan shall be prepared in discussion with the child, biological parent(s), teachers, doctors, counselors and others who have been in close association with the child. It will be prepared by the Social Worker attached to the CWC and the Probationary Officer, who will also take into consideration the observations recorded in the Social Investigation Report (Form 18) and the opinion of experts.

A Short Term Care Plan will be prepared for the children placed under custodial care during the process of inquiry.

After the inquiry process, if the child is placed in institutional care as a part of the restoration and the rehabilitation process, the progress of the child against the plan will be reviewed every quarter by the Probationary Officer and/or Social Worker. After each review, if necessary, the plan may be revised.

**INDIVIDUAL CARE PLAN**  
[Rule 57(3)(a), 61(1)(j)]

Form 30

<b>Part 4: Progress Report</b>				
	<b>Period 1</b>	<b>Period 2</b>	<b>Period 3</b>	<b>Period 4</b>
<b>Academic</b>				
Class				
Attendance				
Marks/ Grade				
Remarks				
School Report Available (Y/N)?				
<b>Vocational Skills</b>				
Trade/ Skill				
Proficiency				
VT Report Attached (Y/N)				
Regularity of sessions				
<b>Health</b>				
Last Check up date				
Date of Dr's Visit -Special Treatment (if any)				
Reports attached in case file? Y/N				
<b>Counseling Sessions</b>				
Last Date of Counseling				
Attending sessions regularly?				
Reports in case file?Y/N				

Interaction with the Child	
Date of meetings	Observations

**15 Savings in Child's Name**

<input type="checkbox"/> Post Office	Amount (Rs.)
<input type="checkbox"/> Savings Bank Account	

**16 For Young person above 18 years, give brief details of progress in employment search**

---



---

**17 For Child placed with Guardian/ Parent/ Fit Person**

<p>Are the conditions in the order being followed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If No, please specify conditions that have been defaulted and give reasons:</p>								
<p>Date</p> <table border="1"> <tr> <td> </td><td> </td><td>/</td><td> </td><td> </td><td>/</td><td> </td><td> </td> </tr> </table> <p>Place:</p>			/			/			<p align="center">Name and Signature</p>  <p align="center">Probationary Officer / Social Worker</p>
		/			/				



**TRANSFER ORDER**

[Rule 70(1)]

Form 31

4 Inter-district and Inter-state Transfer being forwarded to DWCD for approval and to make necessary Escort arrangements.

**Ordered by**Date: 

d	d	/	m	m	/	y	Y
---	---	---	---	---	---	---	---

Place:

Signature and Seal  
Principal Magistrate, Juvenile Justice Board/  
Chairperson, Child Welfare Committee

**Inter-district & Inter-state Transfer Authorised by**Date: 

d	d	/	m	m	/	y	Y
---	---	---	---	---	---	---	---

Place:

Signature and Seal  
Officer, Department of Women and Child

**Acknowledgement by the Officer-in-Charge of Receiving Institution**

Received child and documents related to the child on:

Date: 

d	d	/	m	m	/	y	Y
---	---	---	---	---	---	---	---

Place:

Signature and Seal  
Officer- in-Charge of Institution

Copy to: Probationary Officer/ CWO of the place where the child will be sent

Competent Authority

Relative/ Person who will receive the child in the new jurisdiction

**ESCORT ORDER**

[Rule 78(2)]

Form 32

To be prepared in duplicate. The parents/ guardians who receive the child shall acknowledge the receipt in the acknowledgement section and return the copy of the order.

Case Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Presented under section(s)  
Section 33(3), JJ Act 2000

In the matter of the child:

a) The child is currently residing at:

(Name of the Institution)

b) It is hereby ordered that the said child be sent under the supervision of police / DWCD Personnel/ non-governmental organization escort to the address below:

<b>1 Parent's/ Guardian's/ Foster Carer's address in case of restoration</b>		
City/Town/Village	Panchayat	Taluk
District	State	PIN

c) The concerned authority - State Government / Police Department/ NGO/ ChildLine shall make immediate arrangements for escorting the child, not less than 15 days from the date of receipt of this order. **In the case of a girl child, only a female escort will be permitted to accompany the child.**

d) All money, valuables and personal belongings of the child shall be sent along with the child together with a statement of description and the value there of.

e) **Pending escort, or in the event the receiving party refuses to accept the child, the child shall remain at the Institution, where s/he is residing at present.**

Date: <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>M</td><td>/</td><td>y</td><td>Y</td></tr></table>	d	d	/	m	M	/	y	Y	
	d	d	/	m	M	/	y	Y	
Place:	Signature and Seal Principal Magistrate, Juvenile Justice Board Chairperson/Member, Child Welfare Committee								

**Acknowledgement by the Parent/ Guardian/ Fit Person/ Foster Parent receiving the child**

Received child and belongings of the child:

Date: <table border="1"><tr><td>d</td><td>d</td><td>/</td><td>m</td><td>m</td><td>/</td><td>y</td><td>Y</td></tr></table>	d	d	/	m	m	/	y	Y	
	d	d	/	m	m	/	y	Y	
Place:	Signature & Name								

Cc: Officer-in-charge, Institution

State /District Child Protection Unit or NGO or ChildLine

**APPLICATION FOR CERTIFICATION**

[Rule 82(3), 82(5), 82(7)(a), 84(1)]

Form 33

**1 NGO Name**

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**2 NGO Address**

		Taluk	District
City/Town/Village	Panchayat	State	Pin
Telephone Number	Fax	e-mail	

**3 Name of the Home**

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**4 Address of the home (Write SAME if same as NGO Address)**

		Taluk	District
City/Town/Village	Panchayat	State	Pin

**5 Name of the Contact Person**

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Designation	Telephone Number	e-mail
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**6 Registration Details**

Act under which registered	Registration Number	Date of Registration ____/____/____	Place of Registration
FCRA Number	FCRA Registration Date ____/____/____		

**7 SOURCES OF INCOME FOR THE LAST FINANCIAL YEAR**

S.No.	Source	Activity	Amount



**DECLARATION**

On behalf of the management of the organization, I hereby declare that the Home shall fulfill all conditions specified in the Juvenile Justice (Care and Protection of Children) Act, 2000 and the rules relating thereto and I promise to comply with all the conditions laid down for certification being dealt with by the Juvenile Justice [(Care and Protection of Children)] Act, 2000 as laid down by the said Act and rules relating thereto and to furnish such returns as may be required by the Director of Women and Child Development, Government of Karnataka.

<b>Date &amp; Time</b> <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/			<hr/> <p style="text-align: center;"><b>Signature and Seal Chief Functionary, NGO</b></p>
		/			/				