



# INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REPORT ON CHILD'S PLACEMENT STATUS

State Form 26174 (R3 / 11-05) / CW 0100B

One form per child  
Please type

If this record pertains to an adoptive placement, it is **CONFIDENTIAL** in accordance with IC 31-19-19.  
See instructions on the reverse side.

<b>TO:</b>	<b>FROM:</b>
<b>SECTION I - IDENTIFYING INFORMATION</b>	
Name of child	Date of birth ( <i>month, day, year</i> )
Name of mother	Name of father
<b>SECTION II - PLACEMENT STATUS</b>	
<input type="checkbox"/> Initial Placement of Child in Receiving State	Date child placed in receiving state:
Name of resource	
Address ( <i>number and street, city, state, ZIP code</i> )	
Type of care:	
<input type="checkbox"/> Placement Change	Effective date of change ( <i>month, day, year</i> )
Name of resource	
Address ( <i>number and street, city, state, ZIP code</i> )	
Type of care:	
<b>SECTION III - COMPACT PLACEMENT TERMINATION</b>	
<input type="checkbox"/> Adoption Finalized <input type="checkbox"/> In Sending State <input type="checkbox"/> In Receiving State <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Child Reached Majority / Legally Emancipated <input type="checkbox"/> Legal Custody Returned to Parent(s) <input type="checkbox"/> Court Order Attached <input type="checkbox"/> Legal Custody Given to Relative <input type="checkbox"/> Court Order Attached	
Name:	Relationship
<input type="checkbox"/> Treatment Completed <input type="checkbox"/> Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State <input type="checkbox"/> Unilateral Termination <input type="checkbox"/> Child Returned to Sending State <input type="checkbox"/> Child Has Moved to Another State <input type="checkbox"/> Proposed Placement Request Withdrawn	
Name of Placement Resource:	
<input type="checkbox"/> Approved Resource Will Not be Used for Placement	
Name of Approved Placement:	
<input type="checkbox"/> Other ( <i>specify</i> ):	
Date of Termination ( <i>month, day, year</i> )	
<b>SECTION IV - SIGNATURES</b>	
Signature of person / agency supplying information	Date ( <i>month, day, year</i> )
Signature of Compact Administrator, Deputy or Alternate	Date ( <i>month, day, year</i> )

## INSTRUCTIONS FOR THE 100B

- A. Section II - Confirm Initial Placement Date.
- B. Section II - Placement Change **AFTER** action on ICPC 100A.
- C. Section III - Adoption Finalized.
- D. Section III - Child Reached Majority / Legally Emancipated.
- E. Section III - Treatment Completed.
- F. Section III - Sending State's Jurisdiction Terminated.
- G. Section III - Child Returned to Sending State.
- H. Section III - Placement Request Withdrawn **BEFORE** any action has been taken on the ICPC 100A.
- I. Approved Resource Will Not Be Used for Placement after ICPC 100A'S approved.

Name and address of Compact Administrator **To: and From:** should be left blank.

Person / Agency completing form should sign in first block and identify agency and date signature. The second block is to be signed and dated in the Interstate Office.