

All participants in today's Child Planning Conference agree that information shared in this conference will remain confidential and will not be shared with anyone outside of this room. No person participating in this conference shall encourage or permit the sharing of information to others outside of this conference in violation of the child or family's rights to privacy. The below signed also indicates attendance in today's meeting.

DATE:

<i>Mother</i>	<i>Mother's Attorney</i>	<i>Mother's GAL Attorney</i>
<i>Father</i>	<i>Father's Attorney</i>	<i>Father's GAL Attorney</i>
<i>Father</i>	<i>Father's Attorney</i>	<i>Father's GAL Attorney</i>
<i>GAL Volunteer</i>	<i>GAL Supervisor</i>	<i>GAL Attorney</i>
<i>DSS Social Worker</i>	<i>DSS Supervisor</i>	<i>CIP Project Director</i>
<i>DSS Social Worker</i>	<i>DSS Supervisor</i>	<i>County Attorney</i>
<i>Friends & Relatives</i>		
<i>Others</i>		
