

State of Illinois
Department of Children and Family Services

VOLUNTARY PLACEMENT AGREEMENT

TYPE OF AGREEMENT (*Check One*)

- Original
 Renewal

This agreement is made this _____ day of _____, 20_____, by and between the State of Illinois, Department of Children and Family Services, hereinafter referred to as Department and _____ hereinafter referred to as parent or guardian and will terminate the _____ day of _____, 20_____.

In consideration of the mutual covenants contained herein it is agreed as follows:

- (1) Parent or guardian voluntarily request and consent to the Department's assuming custody of our child,
Name _____ Birthdate _____ I.D. No _____
- (2) The Department may place the child in a childcare facility deemed most suitable by the Department for his/her care or training. The Child Protection Administrator must sign this form to authorize the Agreement.
- (3) This agreement shall terminate 60 days from the date it was signed or earlier if so indicated above. It may be renewed for an additional 60-day period by mutual consent. However, it is the policy of the Department not to encourage such renewals.
- (4) In the event that the parent or guardian wishes to terminate this agreement, written notice (CFS 444-1, Request for termination of Temporary Custody) shall be served on the Department. The Department may retain temporary custody of the child for 10 days after the receipt of such request, during which period the Department may cause a petition to be filed in a court of competent-jurisdiction pursuant to the "Juvenile Court Act." If such petition is filed within the 10-day period, the Department shall retain temporary custody of the child until the court shall order otherwise. If no such petition is filed within the 10-day period, the child shall be surrendered to the custody of the requesting parent or guardian not later than the expiration of the 10-day period, at which time the authority and duties of the Department with respect to the temporary of the child shall terminate. (Use CFS 444-1 to show disposition.)
- (5) In the event that the Department wishes to terminate this agreement 10 days written notice (CFS 444-1) shall be mailed to or delivered to the address contained herein unless the Department has been notified of a change and in that event to the last address given the Department. The parent or guardian agrees to assume custody of the child within the 10-day period. Failure of the parent or guardian to assume custody following the termination of this agreement may be deemed evidence of dependency or neglect and intention to abandon the child. The Department may proceed with appropriate actions under the "Juvenile Court Act."

- (6) Either party may terminate this agreement by mailing or delivering a 10-day written notice to the following address:

The parties to this agreement shall notify the other of any change of address and/or phone number. Notice shall be sent to the address contained in this agreement unless notified of a change of address.

- (7) While the child is under the temporary custody of the Department, the parent or guardian agree to cooperate with Departmental personnel and it's assign in order to accomplish the casework plan and objectives as identified in the attached Service Plan (CFS 497 Series).
- (8) Parent or guardian authorizes the Department to consent to any necessary medical or surgical or mental health care for the child including psychotropic medication, inoculations and immunizations or hospitalization, upon a recommendation by a physician. It is understood that reasonable attempts will be made to contact the parent or guardian for consent before the Department will authorize treatment.
- (9) Parent or guardian agree to pay to the Department for the care and training of my child such amounts of money as the Department shall determine as reasonable in accordance with its policies as expressed in Department rules, Part 352, Financial Responsibility of Parents or Guardians of the Estates of Children.
- (10) Parent or guardian has been given a CFS 444-1 at the time this agreement is negotiated.

FATHER Date

MOTHER Date

GUARDIAN Date

CHILD OVER AGE 12 Date

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

WORKER Date

TEAM LEADER/SUPERVISOR Date

CHILD PROTECTION ADMINISTRATOR Date

Notice: Completion of this form required in order for this agency to carry out its obligation under Illinois Revised Statutes Chapter 23, Section 5005. This form approved by Forms Management Center.