

NORTH CAROLINA  
\_\_\_\_\_ COUNTY

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO. \_\_\_\_\_ J \_\_\_\_\_

IN THE MATTER OF:

### SUMMARY OF ORDER

This matter having been heard by the undersigned judge on the date indicated below for  Nonsecure Custody  Disposition  Review Hearing and the following is a summary of the Order entered by the Court.

1.  **Legal Custody** of the child(ren)  is placed with  shall remain with  
 the  Alexander  Iredell County Department of Social Services.  
 the respondent  parent(s)  father.  mother.  
 other: \_\_\_\_\_ .
2.  **Physical Custody** of the child(ren)  is placed with  shall remain with  
 the  Alexander  Iredell County Department of Social Services.  
 the respondent parent(s)  father.  mother.  
 other: \_\_\_\_\_ .
3.  That the  Alexander  Iredell County Department of Social Services  physical custodian has:  
 placement responsibility/  
 authority to consent to medical, education and psychiatric needs of the minor child(ren).
4.  That **visitation** shall take place:  
 in the discretion of and as arranged by  Alexander  Iredell County Department of Social Services.  
 other: \_\_\_\_\_ .
5.  That the respondent  parents  mother  father enter a **Voluntary Support Agreement** and pay child support pursuant to the North Carolina Child Support Guidelines.
6.  That a Memorandum of Order for Mental Health Assessment has been entered on this date and the respondent parent(s) shall complete a mental health assessment pursuant to the terms of said Order and shall contain necessary and recommended treatment. Copies of such assessment(s) are to be delivered to the Court, the  Alexander  Iredell County Department of Social Services, the Guardian ad Litem, and to the attorney for such parent.
7.  That the respondent  parents  mother  father submit to a substance abuse assessment and sign such Consent for the Release of Confidential Alcohol or Drug Treatment Information as to allow copies of such assessment(s) to be delivered to the

Court, the  Alexander  Iredell County Department of Social Services, the Guardian ad Litem, and to the attorney for such parent. The parent(s) shall further comply with the recommendations of such assessment for treatment.

8.  That the respondent  parents  mother  father attend:  
 **individual counseling** with  Alexander  Iredell County Department of Social Services  mental health  other: \_\_\_\_\_ .  
 **domestic violence counseling.**  
 **abusers treatment group.**  
 **AA/NA**  
 other: \_\_\_\_\_ .
9.  That the respondent parent(s) shall:  
 enter into a Family Services Case Plan with the  Alexander  Iredell County Department of Social Services.  
 comply with the provisions of that Family Services Case Plan entered with the  Alexander  Iredell County Department of Social Services on (date) \_\_\_\_\_ .
10.  That the respondent parent(s) shall **complete parenting classes.**
11.  That the respondent parent(s) shall  obtain  maintain a **suitable residence.**
12.  That the respondent parent(s) shall  obtain  maintain **gainful employment.**
13.  That the child(ren) \_\_\_\_\_ receive counseling or therapy from the  Alexander  Iredell County  Mental Health  
 other \_\_\_\_\_ .
14.  Other: (attach additional sheets, if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15.  That this matter will be reviewed by the Court on (date) \_\_\_\_\_ .

Entered the \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
JUDGE PRESIDING