**Legal Planning Meeting –**

**S37**

**Section 1**

**Please ensure all of the below documents/information is provided alongside this form BEFORE LPM takes place**

|  |
| --- |
| **Team Information** |
| **Team:** |  |
| **Allocated Social Worker:**(please provide name & telephone number) |  |
| **Team Manager:**(please provide name & telephone number) |  |

|  |
| --- |
|  **Child/Children’s information**  |
| **Name** | **DOB** | **Ref No (PID)** | **Ethnicity** |
|  |  |  |  |
|  |  |  |  |
| **Address:** |  |
| **Mother’s details** |  |
| **Father’s details****Does he hold parental responsibility?** |  |
| **Who does child reside with?****(name, DOB, Relationship)** |  |
| **Status of involvement** CIN/ CP/ CLA (include previous dates of involvement CP or CLA. |  |
| **Legal Status of child****If S.20, how long has this been in place? Provide a copy of the S.20 agreement.** |  |
| **Has there been a previous LPM or legal framework (i.e. care proceedings or PLO, Section 7 & S37)?** |  |

|  |
| --- |
|  **Checklist of documents attached**  |
| **Document** | **Date** | **Attached?** |
| **Most recent C&F assessment and any CP Plans** |  |  |
| **Genogram** |  |  |
| **Chronology** |  |  |
| **Details of Family Network Meeting** |  |  |

|  |
| --- |
| **Reason for s37 request**  |
|  |

|  |
| --- |
| **Brief account of outcome of enquires.** |
|  |

**Legal Planning Meeting discussion**

**Section 2**

**This section is to be completed at the legal planning meeting**

|  |
| --- |
| **Attendee’s** |
| **Date:** **Present**Service manager (chair): Legal advisor: Team Manager: Social Worker: **Apologies:** |

|  |
| --- |
| **Discussion** |
| **Reason for request for s37****Summary of action taken****Decision****Details any service or assistance which Durham County Council have provided, or intend to provide, for the child and his family****Details any other action which they have taken, or propose to take, with respect to the child.****Whether Durham County Council consider it would be appropriate to review the case at a later date**.  |

|  |
| --- |
| **Legal Advice****PLEASE NOTE LEGAL ADVICE IS PRIVILEGED AND SHOULD NOT BE DISCLOSED TO THIRD PARTIES WITHOUT THE EXPRESS AGREEMENT OF THE LAWYER INVOLVED** |
| **Based on the evidence available is the threshold criteria met to issue care proceedings.**  |

|  |
| --- |
| **Chairs views** |
|  |

|  |
| --- |
| **Decisions**  |
|  |

|  |
| --- |
| **Strategic manager views** |
|  |

|  |  |  |
| --- | --- | --- |
| **Name**  | **Date** | **Signature** |
| **Team Manager name:** |  |  |
| **Solicitor** |  |  |
| **Service Manager**  |  |  |
| **Strategic Manager:** |  |  |