**Legal Planning Meeting –**

**S37**

**Section 1**

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

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

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| **Child/Children’s information** | | | |
| **Name** | **DOB** | **Ref No (PID)** | **Ethnicity** |
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|  |  |  |  |
| **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)?** |  | | |

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

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| **Reason for s37 request** |
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| **Brief account of outcome of enquires.** |
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**Legal Planning Meeting discussion**

**Section 2**

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

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

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| **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**. |

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| **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.** |

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| **Chairs views** |
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| **Decisions** |
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| **Strategic manager views** |
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| **Name** | **Date** | **Signature** |
| **Team Manager name:** |  |  |
| **Solicitor** |  |  |
| **Service Manager** |  |  |
| **Strategic Manager:** |  |  |