**SOCIAL WORKER REPORT FOR FINAL LEGAL PLANNING MEETING**

**DATE OF LEGAL PLANNING MEETING:** Click here to enter a date.

**FILING DATE FOR FINAL EVIDENCE:** Click here to enter a date.

**NAME OF CHILD(REN)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **LL ID** | **AGE** | **Gender** | **Ethnic Origin** | **Address** | **CP Plan?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**NAME OF PARENTS/CARERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **LL ID** | **AGE** | **Gender** | **Ethnic Origin** | **Address** | **Relationship To Child(ren)** | **PR?** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**CASE INVOLVEMENT**

**Social Worker:** Click here to enter text.

**Team Manager:** Click here to enter text.

**IRO / Independent Chair:** Click here to enter text.

**Legal Representative:** Click here to enter text.

**DATE OF PREVIOUS LPM(S)**

Click here to enter text.

**UPDATE SINCE LAST LPM – to include assessments carried out, reports from other professionals**

**Please attach any updating reports, written assessments**

Click here to enter text.

**PROPOSED FINAL CARE PLAN**

Click here to enter text.

**To be sent to ABSO responsible for booking LPMs.**

**RECORD OF MEETING**

**ATTENDEES:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Service** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**MINUTES OF MEETING:**

Click here to enter text.

**LEGAL ADVICE:**

Confidential legal advice given. Threshold met / not met.

**ORDER(S) SOUGHT (IF APPLICABLE):**

Click here to enter text.

**PRE-PROCEEDINGS DETAILS (IF APPLICABLE):**

Click here to enter text.

**CASE PROPOSALS – OUTCOMES AND ACTIONS:**

Click here to enter text.

**DATE OF NEXT LPM (IF APPLICABLE):**

Click here to enter text.