

**TROUP COUNTY JUVENILE COURT  
PRELIMINARY SERVICE PLAN**

Name of Child(ren):

Name of Parent or Parents:

Date of Removal: \_\_\_\_\_ Date of Plan:

State in simple terms why the child cannot be maintained safely at home:

Describe in simple terms what changes must take place in order for the child to return home safely:

List and number the specific things that need to be done in order for the child to return home safely (include specific dates, places, etc.):

Date, time and place of initial family time:

Case Manager's name and telephone number:

Preliminary Service Plan.Form December 13, 2017 Version