

STATE OF ILLINOIS | ss:
COUNTY OF COOK

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
DEPARTMENT OF JUVENILE JUSTICE AND CHILD PROTECTION
CHILD PROTECTION DIVISION

IN THE INTEREST OF

Minor(s)

No. _____

ORDER OF PROTECTION

4302 (405/2-25) Protective Order

NOTE: WHEN LIMITING PARENT/CHILD/SIBLING VISITS, USE "ORDER ON VISITING"

4303 (405/2-20) Conditions of Continuance of Adjudication under Supervision

405/2-3(1)(a) lack of care

405/2-3(1)(b) injurious environment

405/2-3(1)(c) drug exposed infant

405/2-3(2)(i) physical abuse

405/2-3(2)(ii) substantial risk/
physical injury

405/2-3(2)(iii) sexual abuse

405/2-3(2)(iv) torture

405/2-3(2)(v) excessive corporal
punishment

405/2-4 dependent

4304 (405/2-24) Protective Supervision

THIS CAUSE coming to be heard on the motion/petition of _____,
the parties being present or represented by counsel, the Court having jurisdiction over the matter and parties, and the Court
being fully advised in the premises:

IT IS ORDERED:

A. This Order shall be in effect until _____, _____.

B. Respondent(s), _____, (having/not having) custody of the
minor(s), shall observe the following conditions (check only those that apply):

- 1. provide all care, including medical care, necessary for the minor(s);
- 2. cooperate with all reasonable requests of DCFS, and its assigns, including _____;
- 3. ensure the appropriate supervision of the minor(s) at all times;
- 4. ensure that, at all times, there is an appropriate care plan for the minor(s) with an appropriate person who has agreed to take care of the minor(s);
- 5. sign all releases of information for referrals made;
- 6. attend and complete parenting skills classes, if required by DCFS, or its assigns;
- 7. notify DCFS, or its assigns, prior to any change of residence;
- 8. make the minor(s) available to their attorney and GAL upon reasonable request and prior to the close of this case;
- 9. participate in unsupervised (day/overnight/weekend) visitation;
- 10. participate in supervised or unsupervised (day/overnight/weekend) visits at the discretion of DCFS, or its assigns;
- 11. not use, or allow anyone else to use, any corporal punishment on the minor(s) (no spanking or hitting with any objects, including, but not limited to, belts, cords, sticks, fists or hands);

- 12. not use, or allow anyone else to use, any excessive corporal punishment on the minor(s) (no severe spanking or hitting with any objects, including, but not limited to, belts, cords, sticks, fists or hands);
- 13. provide samples for random drug screens _____;
- 14. participate in a (substance abuse/psychological/psychiatric) assessment and cooperate with all reasonable recommendations;
- 15. cooperate with an assessment of the special needs of the minor(s) and follow all reasonable recommendations from that assessment, including: _____

- 16. ensure that the minor(s) attends all necessary medical appointments and follow all medical instructions for the care of the minor(s);
- 17. refrain from using or possessing illegal substances; alcohol;
- 18. notify DCFS, or its assigns, within 24 hours, of any injury to the child (any bump, bruise, cut, scratch or fall), which would require professional medical treatment;
- 19. ensure that school-age minor(s) attend school daily;
- 20. attend appropriate (sex abuse/family/substance abuse) counseling and follow all recommendations;
- 21. ensure that the minor(s) regularly attend appropriate (sex abuse/family/individual) counseling and follow all recommendations;
- 22. ensure that the minor(s) have no contact with _____ or that such contact is limited as follows: _____

- 23. additional conditions entered on the supplemental protective order(s) are incorporated herein.

C. The Guardianship Administrator or her/his assigns shall arrange for services identified in Paragraph B by _____, _____, and shall furnish all resources necessary to enable the respondent to comply with this Order.

D. This matter is set for a review of compliance by the respondent and DCFS on _____, _____, 4390 at _____ a.m./p.m. before the: 4391 Judge 4392 Hearing Officer

I, _____, have reviewed this order with my attorney and my caseworker, and I agree to comply with these conditons.

Signature

Date

DATED: _____, _____

ENTERED: _____
Judge Judge's No.