| ate:                                                                                              |
|---------------------------------------------------------------------------------------------------|
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|                                                                                                   |
| ear                                                                                               |
| heCounty child welfare agency has scheduled a Permanency Planning Review                          |
| o discuss the goals and plans for                                                                 |
| ecause you are the child's/youth's, your input is important. The meeting                          |
| /ill be held on at  Date Time/Location                                                            |
| you are the child's/youth's parent, you have the right to attend and bring your attorney. However |
| ou are not required to bring your attorney.                                                       |
| you have any questions about this meeting please contact me at by by                              |
| incerely,                                                                                         |
| hild Welfare Agency Worker                                                                        |
| County                                                                                            |
| hone number:                                                                                      |