



Riverside County Department of Public Social Services – Children’s Services  
**Supervisory Report Request to Foreign Consulate/Embassy**

Consulate/Embassy: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Dear \_\_\_\_\_

I am requesting the assistance of your country’s Social Services Department in completing a supervisory report on the following children:

Child’s Name (first, middle and all last names)	Date of Birth	Mother’s Name (first, middle and all last names)	Father’s Name (first, middle and all last names)

The above mentioned child(ren) has/have been placed with Mr./Mrs. \_\_\_\_\_  
NAME OF RELATIVE

on \_\_\_\_\_ at \_\_\_\_\_  
DATE ADDRESS

I am requesting the assistance of your country’s Social Service Agency in completing a supervisory report on the above-mentioned child(ren) for the purpose of monitoring the current placement and ensuring that the needs of the placed child(ren) are being met.

Supervisory reports are needed:

Quarterly  
 Semi-Annually  
 Upon Request  
 Other: \_\_\_\_\_

If you wish to obtain more information, please call \_\_\_\_\_  
NAME OF SOCIAL WORKER

Upon completion of the survey report please forward the information to:

Name of International Liaison: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name of Requesting Social Worker: \_\_\_\_\_

Signature of Social Worker: \_\_\_\_\_