

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[DCFS Caseworker's Name]
Department of Children and Family Services
[DCFS Office Address]
[City, State, Zip Code]

Dear [DCFS Caseworker's Name],
I hope this letter finds you well. My name is [Your Name], and I am the parent/guardian of [Child's Name], who is currently in the custody of the Department of Children and Family Services. I am writing to formally request the reunification of my child with me.

Since the removal of [Child's Name] on [Date of Removal], I have taken significant steps to address the concerns that led to their placement in foster care. I have [briefly list actions taken, such as attending counseling, completing parenting classes, maintaining stable employment, etc.]. These efforts demonstrate my commitment to creating a safe and nurturing environment for my child.

I believe that reunification would be in the best interest of [Child's Name], as we have a strong bond and my primary goal is to provide them with the love and support they need. I am fully prepared to comply with any additional requirements set forth by the DCFS to facilitate this process.

I would greatly appreciate the opportunity to discuss this matter further and explore the next steps toward reunification. Please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Relationship to the Child]