



Docket No: CP- -DP- -20
FID: -FN- -20
County Local No: _____

FILING TYPE					
<input checked="" type="checkbox"/> APPLICATION FOR EMERGENCY PROTECTIVE CUSTODY					
APPLICANT / AGENCY					
Name:		Address:		Phone:	
IN THE INTEREST OF:					
Name:		Age:	DOB:	Sex:	
Address:		Phone Number(s):		Phone Type:	
Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Caucasian		<input type="checkbox"/> Bi-Racial <input type="checkbox"/> Native Tribal Affiliation: _____ <input type="checkbox"/> Unknown/Unreported		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	
CASE INFORMATION					
Type of Dependency: The child named above comes within the jurisdiction of the court as defined by The Juvenile Act at 42 Pa.C.S. §6302.					
Abuse and/or Neglect <input type="checkbox"/> (1) is without proper care or control <input type="checkbox"/> (2) has been placed for care or adoption in violation of law <input type="checkbox"/> (3) has been abandoned <input type="checkbox"/> (4) is without a parent, guardian, or legal custodian <input type="checkbox"/> (10) is born to a parent whose parental rights with regard to another child have been involuntarily terminated			Status Offense <input type="checkbox"/> (5) while subject to compulsory school attendance is habitually and without justification truant from school <input type="checkbox"/> (6) has committed a specific act or acts of habitual disobedience <input type="checkbox"/> (7) is under the age of ten years and has committed a delinquent act <input type="checkbox"/> (8) has been formerly adjudicated dependent, and is under the jurisdiction of the court <input type="checkbox"/> (9) has been referred pursuant to section 6323 (relating to informal adjustment), and who commits an act which is defined as ungovernable in paragraph (6)		
Abuse: <input type="checkbox"/> The petition alleges that the above named child is a victim of child abuse as defined at 23 Pa.C.S. §6303.					
Protective Custody:					
<input type="checkbox"/> Child is NOT in Protective Custody Location of the child is: _____			<input type="checkbox"/> Child is in Protective Custody (removed from the home) and under supervision of the county agency Date: _____ Time: _____ Location of the child is: _____		
<input type="checkbox"/> Child remains in home but is in <u>imminent risk</u> of placement in foster care absent preventive services.					
CHILD'S PARENTS AND/OR OTHER LEGAL GUARDIAN OR CUSTODIAN					
Mother's Name:		Father's Name:		Legal Guardian's or Custodian's Name:	
DOB:		DOB:		Relationship: DOB:	
Address:		Address:		Address:	
Phone Number(s):	Phone Type:	Phone Number(s):	Phone Type:	Phone Number(s):	Phone Type:
<input type="checkbox"/> Whereabouts Unknown		<input type="checkbox"/> Whereabouts Unknown		<input type="checkbox"/> Whereabouts Unknown	
<input type="checkbox"/> Closest Relative – If whereabouts unknown for Parents and Guardian Name: Address:		Phone Number: Relation to Child: <input type="checkbox"/> Additional Participants with Relationship to Child (see attached)			
SPECIAL CONSIDERATIONS					
Person Diagnosed with Autism/ASD <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian or Custodian		Reports as Person Diagnosed with Autism/ASD Without Substantiated Evidence <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian or Custodian			
CHILD'S ATTORNEY/GUARDIAN AD LITEM					
Attorney's Name:		Guardian Ad Litem's Name:			
Address:		Address:			
Supreme Court ID:		Supreme Court ID:			

In the Interest Of:

_____, a Minor

ADDITIONAL PARTICIPANTS WITH RELATIONSHIP TO CHILD

Name	DOB	Address (Indicate if Whereabouts Unknown)	Phone (indicate type ex: Cell Phone)	Relationship to Child

To the Honorable Judge of said Court:

Your Applicant avers that it would be contrary to the welfare, safety and health of the child to remain under the care of _____.

The facts which support allegations of dependency are:

The child

- ☐ 1) is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his/her physical, mental, or emotional health, or morals; a determination that there is a lack of proper parental care or control may be based upon evidence of conduct by the parent, guardian or custodian that places the health, safety or welfare of the child at risk, including evidence of the parent's, guardian's or other custodian's use of alcohol or a controlled substance that places the health, safety or welfare of the child at risk;
- ☐ 2) has been placed for care or adoption in violation of law;
- ☐ 3) has been abandoned by his/her parents, guardian or other custodian;
- ☐ 4) is without a parent, guardian or other custodian;
- ☐ 5) while subject to compulsory school attendance is habitually and without justification truant from school;
- ☐ 6) has committed a specific act or acts of habitual disobedience of the reasonable and lawful commands of his/her parent, guardian, or other custodian and who is ungovernable and found to be in need of care, treatment or supervision;
- ☐ 7) is under the age of ten and has committed a delinquent act;
- ☐ 8) has been formerly adjudicated dependent, and who is under the jurisdiction of the court, subject to its conditions or placements and who commits an act which is defined as ungovernable; or
- ☐ 9) has been referred pursuant to an Informal Adjustment and who commits an act which is defined as ungovernable;
- ☐ 10) is born to a parent whose parental rights with regard to another child have been involuntarily terminated under 23 Pa.C.S. § 2511 (relating to grounds for involuntary termination) within three years immediately preceding the date of birth of the child and conduct of the parent poses a risk to the health, safety or welfare of the child.

Specifically, on or about (date or time period):

(State the facts supporting the allegations. Attach additional pages if necessary.)

☐ Additional Allegations attached

- ☐ Reasonable Efforts were made to prevent the placement of the child and there are no less restrictions.
- ☐ Preventive services were not offered due to the necessity for emergency placement. The lack of services was reasonable under the circumstances. This level of effort was reasonable due to the emergency nature of the situation, safety considerations, and circumstances of the family.
- ☐ The agency has determined it would pose a risk to the safety of the child or guardian to release the current whereabouts of the child.
- ☐ The Applicant has reason to know the child is an Indian child as defined in Rule 1120.
- ☐ Any participant has reason to know the child is an Indian child pursuant to Rule 1203. If so, provide the name of the participant: _____
- ☐ Indicate Tribe, if known: _____

Specifically:

(State further information about child's Indian status. Attach additional pages if necessary.)

☐ Additional pages attached

In the Interest Of:

_____, a Minor

The Applicant verifies and acknowledges that the facts set forth in the application are true and correct to the Applicant's personal knowledge, information, or belief, and that any false statements are subject to penalties of the Crimes Code, 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

APPLICANT NAME/TITLE

ATTORNEY NAME

APPLICANT SIGNATURE

ATTORNEY SIGNATURE

DATE

DATE