



Docket No: \_\_\_\_\_  
FID: \_\_\_\_\_  
County Local No: \_\_\_\_\_

**FILING TYPE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dependency Petition<br><input type="checkbox"/> Aggravated Circumstances Alleged (Attached)<br><input type="checkbox"/> Initiated by Private Petition | <input type="checkbox"/> Shelter Care Application | <input type="checkbox"/> Application for Emergency Protective Custody |
|--|---|---|

**PETITIONER / APPLICANT / AGENCY**

Name:	Address:	Phone:
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**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

- ☐ (1) is without proper care or control  
☐ (2) has been placed for care or adoption in violation of law  
☐ (3) has been abandoned  
☐ (4) is without a parent, guardian, or legal custodian  
☐ (10) is born to a parent whose parental rights with regard to another child have been involuntarily terminated

**Abuse:**

☐ The petition alleges that the above named child is a victim of child abuse as defined at 23 Pa.C.S. §6303.

Status Offense

- ☐ (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  
☐ (7) is under the age of ten years and has committed a delinquent act  
☐ (8) has been formerly adjudicated dependent, and is under the jurisdiction of the court  
☐ (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)

**Protective Custody:**

- |   |  |
|---|--|
| <input type="checkbox"/> Child is NOT in Protective Custody<br>Location of the child is:<br><input type="checkbox"/> Child remains in home but is in <u>imminent risk</u> of placement in foster care absent preventive services. | <input type="checkbox"/> Child is in Protective Custody (removed from the home) and under supervision of the county agency<br>Date: _____ Time: _____<br>Location of the child is: _____ |
|---|--|

**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
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**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