Commonwealth of Pennsylvania



Court of Common Pleas – Juvenile Division

County of [Name]

      Judicial District

**In the Interest Of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **a Minor**

Docket No: CP-  -DP-     -20

FID:   -FN-     -20

County Local No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FILING TYPE** | | | | | | | | | | | | | | | | | |
| Dependency Petition  Aggravated Circumstances Alleged (Attached)  Initiated by Private Petition | | | | | | | Shelter Care Application | | | | | | | | Application for Emergency  Protective Custody | | |
| **PETITIONER / APPLICANT / AGENCY** | | | | | | | | | | | | | | | | | |
| Name: | | | | Address: | | | | | | | | | Phone: | | | | |
| **IN THE INTEREST OF:** | | | | | | | | | | | | | | | | | |
| Name: | | | | | Age: | | | | | | DOB: | | | | | Sex: | |
| Address: | | | | | Phone Number(s): | | | | | | | | | Phone Type: | | | |
|  | | | | |  | | | | | | | | |  | | | |
|  | | | | |  | | | | | | | | |  | | | |
| Race:  Asian/Pacific Islander  Black  White | | | Bi-Racial  Unknown/Unreported  American Indian/Alaskan Native  Tribal Affiliation: | | | | | | | | | Ethnicity:  Hispanic  Not Hispanic  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](http://www.westlaw.com/Find/Default.wl?rs=dfa1.0&vr=2.0&DB=1000262&DocName=PA42S6323&FindType=Y) (relating to informal adjustment), and who commits an act which is defined as ungovernable in paragraph (6) | | | | | | | | | |
| **Protective Custody**: | | | | | | | | | | | | | | | | | |
| Child is NOT in Protective Custody  Location of the child is:  Child remains in home but is in imminent risk of placement in foster care absent preventive services. | | | | | | | | Child is in Protective Custody (removed from the home) and under supervision of the county agency  Date:       Time:  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: |
|  | |  | |  | | | |  | | | | |  | | | |  |
|  | |  | |  | | | |  | | | | |  | | | |  |
|  | |  | |  | | | |  | | | | |  | | | |  |
| Whereabouts Unknown | | | | Whereabouts Unknown | | | | | | | | | Whereabouts Unknown | | | | |
| Closest Relative – If whereabouts unknown for Parents and Guardian  Name:  Address: | | | | | | | | | Phone Number:  Relation to Child:  Additional Participants with Relationship to Child (see attached) | | | | | | | | |
| **SPECIAL CONSIDERATIONS** | | | | | | | | | | | | | | | | | |
| Person Diagnosed with Autism/ASD | | | | | | Reports as Person Diagnosed with Autism/ASD Without Substantiated Evidence | | | | | | | | | | | |
| Child  Mother | Father  Legal Guardian or Custodian | | | | | Child  Mother | | | | Father  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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |