Commonwealth of Pennsylvania

Court of Common Pleas – Juvenile Division

County of [Name]

      Judicial District

Docket No: CP-  -DP-     -20

FID:   -FN-     -20

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

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| --- |
| **FILING TYPE** |
|  |
| **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 CustodyLocation 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 agencyDate:       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: |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |
| [ ]  Whereabouts Unknown | [ ]  Whereabouts Unknown | [ ]  Whereabouts Unknown |
| [ ]  Closest Relative – If whereabouts unknown for Parents and GuardianName:      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** |
|       |       |       |       |       |
|       |       |       |       |       |
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In the Interest Of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Minor (“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 pages attached

[ ]  The Applicant avers that reasonable efforts were made to prevent the placement of the Child. The following efforts were made to prevent the placement of the child:

 [ ]  Additional pages attached.

[ ]  The Applicant avers that 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 Applicant avers that there are no less restrictive alternatives available, because:

[ ]  The Applicant avers that the following Family Finding efforts were made:

[ ]  The Applicant avers that the following family members were contacted:

[ ]  The anticipated placement of the Child is:      .

[ ]  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 the Child’s Indian status. Attach additional pages if necessary*.)

[ ]  Additional pages attached

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| 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 |