**CASE OPENING DOCUMENT (COD)**

**IS CHILD SAFE?** [ ]  **NO** [ ]  **YES, Explain need for Judicial Action\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County:** Choose an item.

**Oldest child’s last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What legal action is being requested?** Choose an item.

Date COD sent to CLS: Click or tap to enter a date. *A separate COD is needed for each Mother*

Request made by: Choose an item.

Abuse Report #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Report Received: Click or tap to enter a date.

CPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPI Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPIS Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DCM Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DCMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DCMS Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date child(ren) taken into custody:Click or tap to enter a date. ICWA?

**Children:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | Age | Gender | Placement |
| 1. |  | Choose an item. | Choose an item. | Choose an item. |
| 2. |  | Choose an item. | Choose an item. | Choose an item. |
| 3. |  | Choose an item. | Choose an item. | Choose an item. |
| 4. |  | Choose an item. | Choose an item. | Choose an item. |
| 5. |  | Choose an item. | Choose an item. | Choose an item. |

**Parents:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent | Mother | Father of Choose an item. | Father of Choose an item. | Father of Choose an item. |
| Name |  |  |  |  |
| Paternity  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| DOB |  |  |  |  |
| Address |  |  |  |  |
| Incarcerated | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Assistance Needed | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
| Notified | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

**Other Dependency Court Cases**

List ALL OPEN or CLOSED Dependency Court Cases for any parent or child. List other types of OPEN COURT CASES.

Name of Party Involved Type of Case Case Number

Name Type Case Number

|  |
| --- |
| **Factual Information** |
| *State all the supportive evidence and corresponding findings of maltreatment. Include additional risk factors you discovered. Be specific as possible and provide all supporting documentation or sources of information.*  |
| **What was alleged?**(*Cut & paste abuse report allegation with date, time of intake and narrative for initial, additional, and supplemental*) | **Abuse Report:**  |
| **What was discovered throughout investigation?** *1) Describe what was discovered by investigation. Describe what the parent’s actions/inactions were. Describe why the parent’s actions place the child at risk of harm.**2) List complete names of each person spoken to, who took their statement, the date of the statement and what they said that support the findings of harm or imminent harm to the child.**3) List necessary attachments including CPT reports, police reports, safety plans, medical records…* | *1) Summary of what was discovered in investigation:* *2) Witnesses* *Witness name:* *Address:**Phone Number:**CPI or person who heard statement:* *Date statement made:* *Statement of witness:* *Witness name:* *Address:**Phone Number:**CPI or person who heard statement:* *Date statement made:* *Statement of witness:* *Witness name:* *Address:**Phone Number:**CPI or person who heard statement:* *Date statement made:* *Statement of witness:* *Witness name:* *Address:**Phone Number:**CPI or person who heard statement:* *Date statement made:* *Statement of witness:* *3) Describe any additional information gathered NOT from a person as described above (such as criminal history, police reports, other investigation…):*  |

|  |  |
| --- | --- |
| **Voluntary Services / Reasonable Efforts:** *Were voluntary services referred? Describe referrals and results. Did safety plan fail? Did the parents fail to comply with voluntary services?* | **Describe voluntary services, if any:** Was the Safety Support team consulted? |
| **State reasons why other children of these parents are not being sheltered today.** *(i.e. What are their names? Why are they not at risk or in danger? Where are they?)* | **Other children of these parents are not being sheltered today because:** |
| **Prior Reports, Criminal history & Findings:** *Cut and paste priors here. Discuss impact, if any, of prior abuse reports and criminal history.* | **Prior Reports AND Findings:** |
| **Attachments:**List any attachments that would be relevant to the allegations (ex: med records, treatment reports, cpt reports, etc.)  | [ ]  **Birth certificate (info from FSFN MUST be printed and attached)**[ ] **Safety plan? (must attach if it exists)**[ ] **FFA completed? (must attach if done)**[ ] **Other attachments: (CPT, medical records, provider reports, police reports)**[ ]  **Homestudy** |

**FOR CHAPTER 39 INJUNCTIONS ONLY**

Child(ren)’sName: Date of Birth: Race/Sex:

Caregiver Name, address and relationship to respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for injunction:

Relief sought by injunction: [ ]  no contact, [ ]  supervised contact, [ ]  other:\_\_\_\_\_\_\_\_\_\_

Services to be ordered for respondent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Respondent’s (perpetrator) name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. Respondent’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Respondent’s current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Respondent’s Driver’s License number is: [if known] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle: (make/model) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Tag Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5. Respondent is: [check all that apply]

\_\_\_\_ a. the father of the following minor child(ren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ married to mother

\_\_\_\_ named on the birth certificate

\_\_\_\_ b. the step-parent of the following minor child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ c. the prospective father of a sibling of the minor child(ren)

\_\_\_\_ d. the mother of the minor child(ren)

\_\_\_\_ e. a person who is or was living in one home with the child(ren)

\_\_\_\_ f. a person who is a frequent visitor to the home of the child(ren)

\_\_\_\_ g. the guardian of the child(ren)

\_\_\_\_ h. the custodian of the child(ren)

\_\_\_\_ i. the perpetrator of domestic violence who is not the parent, guardian or legal custodian of the child(ren)

\_\_\_\_ j. other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Respondent’s last known place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working hours and days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Physical description of Respondent:

Race: \_\_\_\_

Sex: Male/ Female \_\_\_\_

Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color:\_\_\_\_\_\_\_\_

Distinguishing marks or scars: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

8. Other names Respondent goes by (aliases or nicknames): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

9. Respondent’s attorney’s name, address, and telephone number is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you do not know whether Respondent has an attorney, write “unknown.” If Respondent does not have an attorney, write “none.”)

10. Describe any otherpresent or pastdependency court case where Respondent was a party or participant [include city, state, and case number, if known]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. \_\_\_\_ Respondent owns, has, and/or is known to have guns or other weapons.

Describe weapon(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

12. \_\_\_\_ Respondent has a drug problem.

13. \_\_\_\_ Respondent has an alcohol problem.

14. \_\_\_\_Respondent has a history of mental health problems. If checked, answer the following, if known:

Has Respondent ever been the subject of a Baker Act proceeding?

( ) Yes ( ) No

Is Respondent supposed to take medication for mental health problems?

( ) Yes ( ) No. Describe the medication, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, is Respondent currently taking his/her medication?

 ( ) Yes ( ) No

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,

IN AND FOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY, FLORIDA

JUVENILE DIVISION

 CASE NO.: \_\_\_\_\_\_\_\_\_\_

IN THE INTEREST OF:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:  |  |

MINOR CHILD /

**AFFIDAVIT AND PETITION FOR PLACEMENT IN EMERGENCY SHELTER**

*PARENTS OR LEGAL CUSTODIAN(S):* UPON SERVICE OF THIS PETITION, YOU ARE HEREBY ADVISED OF YOUR RIGHT TO OBTAIN YOUR OWN ATTORNEY FOR THE SHELTER/ARRAIGNMNET HEARING AND ALL SUBSEQUENT HEARINGS AND OF YOUR RIGHT TO REQUEST THE COURT TO APPOINT AN ATTORNEY IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY. THIS RIGHT CONTINUES AT EACH AND EVERY STAGE OF A DEPENDENCY PROCEEDING, EVEN IF YOU HAVE PREVIOUSLY WAIVED THIS RIGHT.

COMES NOW, the undersigned, who being first duly sworn says:

1. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_,the above named Child(ren) was/were found living or domiciled within the jurisdiction of this Court, and taken into custody by [Full name of CPI], Child Protective Investigator. The Child(ren) is/are of an age subject to the jurisdiction of this Court.
2. The name, age and gender of said Child(ren):

Name Age Gender

[oldest to youngest –child name age gender]

1. The Uniform Child Custody Jurisdiction and Enforcement Act is filed separately and incorporated herein.
2. The names, date of birth, and addresses of the Child(ren)’s parents are:

The Mother of the above named Child(ren), [Mother’s name] whose date of birth is [Mother’s date of birth], and whose current address is [Mother’s address].

The Father of [childs name] is [father’s name] whose date of birth is [father’s date of birth] and whose current address is [father’s address].

Paternity:

[ ]  Has been established as to the Child(ren), [names of this father’s children] in that:

[ ] He was married to the Mother at the time of conception or birth of the Child(ren).

[ ] His name is on the Child(ren)’s birth certificate.

[ ] He has been adjudicated to be the Father in a Court Order.

[ ]  Paternity of the Child(ren), names of this father’s child(ren], has not been established in that the Mother has named [prospective father’s name] as the Father, but paternity has not been established. The Department requests the Court make the following inquiry as to the Mother: whether she was married at the time the Child was conceived or born, whether she was cohabiting with a male at the probable time of conception of the Child, whether she has received payments or promises of support from a man who claims to be the Father of the Child, whether she has named any man as the Father on the birth certificate or in connection with applying for or receiving public assistance, and whether any man has acknowledged or claimed paternity of the Child.

The Father of [childs name] is [father’s name] whose date of birth is [father’s date of birth] and whose current address is [father’s address].

Paternity:

[ ]  Has been established as to the Child(ren), [names of this father’s children] in that:

[ ] He was married to the Mother at the time of conception or birth of the Child(ren).

[ ] His name is on the Child(ren)’s birth certificate.

[ ] He has been adjudicated to be the Father in a Court Order.

[ ]  Paternity of the Child(ren), names of this father’s child(ren], has not been established in that the Mother has named [prospective father’s name] as the Father, but paternity has not been established. The Department requests the Court make the following inquiry as to the Mother: whether she was married at the time the Child was conceived or born, whether she was cohabiting with a male at the probable time of conception of the Child, whether she has received payments or promises of support from a man who claims to be the Father of the Child, whether she has named any man as the Father on the birth certificate or in connection with applying for or receiving public assistance, and whether any man has acknowledged or claimed paternity of the Child.

1. NOTIFICATION: Pursuant to Section 39.402(5), Florida Statutes, the following individuals listed in #4 above have been notified that the Child(ren) was/were taken into custody, to be present at this hearing, and provided with a statement setting a summary of procedures involved in dependency as described below:

Mother: [ ] was notified in person by \_\_\_\_\_\_\_\_\_\_\_.

 [ ] was notified by phone \_\_\_\_\_\_\_\_\_\_\_.

 [ ] was not notified because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Father, \_\_\_\_\_\_\_\_\_\_\_\_:

[ ] was notified in person by \_\_\_\_\_\_\_\_\_\_\_.

 [ ] was notified by phone \_\_\_\_\_\_\_\_\_\_\_.

 [ ] was not notified because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Father, \_\_\_\_\_\_\_\_\_\_\_\_:

[ ] was notified in person by \_\_\_\_\_\_\_\_\_\_\_.

 [ ] was notified by phone \_\_\_\_\_\_\_\_\_\_\_.

 [ ] was not notified because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. PROBABLE CAUSE. Probable cause exists to remove the Child(ren) from the legal care, custody, and control of the parents/legal guardians within the intent and meaning of Section 39.402(1), Florida Statutes as: Choose an item. An out-of-home safety plan with placement in shelter care is in the best interest of the Child(ren) because present danger threats exist within the household that cannot be controlled through the implementation of an in home present danger safety plan at this time.
2. The specific facts in support of probable cause to remove the Child(ren) are as follows:
	1. The following facts were ascertained through investigation:

1. [ describe details of investigation, who saw what, who said what, the imminent risk of abuse/neglect/abandonment to each child].

2. …

* 1. [ ]  There is **present danger** to the Child(ren) which manifested through the following danger threat: Choose an item.
		1. This presents an immediate threat to the Child(ren) in that the danger is actively in the process of placing the Minor Child in peril. This is occurring in the following way/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		2. This danger threat is significant in that, if not removed from the home at this time, the Child(ren) is anticipated to suffer harm in the following way/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		3. This danger threat is clearly observable, specifically and explicitly, in the following way/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		4. The Child(ren) is/are vulnerable to the danger threat because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		5. The Family Functioning Assessment (FFA) is Choose an item.
		6. There has not yet been an assessment of impending danger. Information collection is ongoing and the Department continues to assess if and how impending danger is manifesting in the household.
	2. [x]  There is **impending danger** to the Child(ren), a continuous state of danger that threatens severe harm to the Child(ren), which manifested through the following danger threat: Choose an item.
		1. This danger threat is observable – specific, definite, real, can be seen and understood – in the following way/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		2. The Child(ren) is/are vulnerable to the danger threat because \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		3. The unpredictable family environment is out of control, not managed by anybody or anything internal to the family, because \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		4. There is a degree of certainty or inevitability that this danger threat is imminent and will result in severe harm to the Child(ren) because \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		5. If not removed from the home at this time, the Child(ren) may suffer severe harm effects in the following way/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		6. The parents’ caregiver protective capacities are insufficient to address the danger threats because \_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		7. The Family Functioning Assessment (FFA) is attached.
1. REASONABLE EFFORTS. The Department of Children and Families has made reasonable efforts to prevent or eliminate the need for removal of the Minor Child(ren) from the home. In accordance with section 39.402(10), the reasonable efforts of the Department were as follows:

[SELECT EACH APPLICABLE SECTION BELOW]

[ ]  The first contact with the Department occurred during an emergency, specifically:

[ ]  Present danger threat(s), as defined by section 39.01(66) exist in the household, which are immediate, significant, clearly observable, and actively occurring, and an in-home present danger safety plan is not feasible with the current family conditions.

[ ]  The appraisal of the home situation by the Department indicated a substantial and immediate danger to the children’s physical, mental, or emotional health or safety which could not be mitigated by the provision of preventive services, specifically:

[ ]  Present danger threat(s), as defined by section 39.01(66), exist in the household, which are immediate, significant, clearly observable, and actively occurring, and an in-home present danger safety plan is not feasible with the current family conditions; and/or

[ ]  Impending danger threat(s), as defined by section 39.01(36), exist in the household, the child is vulnerable to the threats, the caregiver’s protective capacities are insufficient to manage threats active within the household, and an in-home safety plan is not feasible with the current family conditions.

[ ]  The Child(ren) cannot safely remain at home, either because there are no preventive services that can ensure the safety of the Child(ren) or because, even with appropriate and available services being provided, the health and safety of Child(ren) cannot be ensured, pursuant to Section 39.402(8)(h)(5)(c), Florida Statutes, specifically: ***LIST ANY SERVICES ALREADY PROVIDED AND WHY IT DID NOT REMEDY THE SITUATION.***

[ ]  The parent/legal guardian are **not** willing for an in-home safety plan to be developed and implemented and/or have **not** demonstrated that they will cooperate with all identified safety service providers.

[ ]  The home environment is **not** calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.

[ ]  Safety services are **not** available at a sufficient level and to the degree necessary in order to manage the way in which the impending danger is manifested in the home.

[ ]  An in-home safety plan and the use of in-home safety services **cannot** sufficiently manage impending danger without the results of scheduled professional evaluations.

[ ]  The parent/legal guardian does **not** have a physical location in which to implement and in-home safety plan.

[ ]  The following specific services, if available, could prevent or eliminate the need for removal or continued removal of the child from the home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The date these services are expected to be available:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  The parent(s) or legal custodian(s) is alleged to have committed any of the acts listed as grounds for expedited termination of parental rights in section 39.806(1)(b)-(d) and (f)-(m), specifically: section 39.806(1)\_\_\_\_\_\_\_.

1. CONTRARY TO WELFARE. Continuation of Child(ren) in the home is contrary to the welfare of the Child(ren) because:

[ ]  The home situation presents a substantial immediate danger to the Child which cannot be mitigated by the provision of preventative services because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 [ ]  The Child cannot safely remain at home, either because there are not any preventative services that can ensure the safety of the Child, or because even with appropriate and available services being provided, the safety of the Child cannot be ensured.

1. REPORTS. The Department has provided the court copies of any available law enforcement, medical, or other professional reports, and copies of abuse hotline reports pursuant to state and federal confidentiality requirements. The Department has also provided copies of any available previous in-home present danger and impending danger safety plans and initial family functioning assessment. Any documents not currently filed will be separately filed upon receipt by the Department.
2. EVALUATION OF CHILD. The Child(ren), if placed in foster care is/are in need of a Comprehensive Behavioral Health Assessment to determine what issues and needs are present in the Child(ren) for the Department to be able to provide the appropriate services and placement. The Department requests that the Court authorize that a copy of the Comprehensive Behavioral Health Assessment be provided to the Court, the Department, Community Based Care, the parent’s attorney, and the Guardian Ad Litem.
3. ATTORNEY AD LITEM.

[ ]  not applicable [ ]  applicable

[ ]  The Child(ren) Full name of Child qualifies to have an attorney appointed to represent the Child(ren)’s legal interests in these proceedings, as well as in fair hearings and appellate proceedings, pursuant to Section 39.01305, Florida Statutes. The Child(ren) qualifies for appointment of an attorney because the Child(ren):

[ ]  Resides in a skilled nursing facility or is being considered for placement in a skilled nursing home;

[ ]  Is prescribed a psychotropic medication but declines assent to the psychotropic medication;

[ ]  Has a diagnosis of a developmental disability as defined in s. 393.063;

[ ]  Is being placed in a residential treatment center or being considered for placement in a residential treatment center; or

[ ]  Is a victim of human trafficking as defined in s. 787.06(2)(d).

1. PLACEMENT. The Department recommends the following placement:

[ ]  The Child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall be placed in the shelter custody of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_whose relationship is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ under the supervision of the Department. The Department shall have placement and care responsibility while the Child(ren) are under protective supervision in an out of home placement.

[ ]  The Child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall be placed in the shelter care of the Department of Children and Families. The Department shall have placement and care responsibility while the Child(ren) is/are under protective supervision in an out of home placement.

[ ]  The Child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_, shall be placed in the shelter custody of the [ ]  mother and / or [ ]  father under the supervision of the Department.

Any parent present shall be asked whether they have relatives to be considered for placement. The parents are advised they have a continuing duty to inform DCF of any relative to be considered for placement. By the Shelter Order, the Court will notify the relatives who are providing out-of-home care for the Child(ren)of the right to attend all hearings, submit reports to the court, and to speak to the court regarding the child.

1. INDIAN CHILD WELFARE ACT (ICWA).  The Child(ren) is/are Choose an item.
2. PARENTAL VISITATION:

The Department recommends the following visitation schedule for the parents:

The mother:

[ ]  Not applicable as the child is placed with this parent.

[ ]  Supervised by the Department or an adult approved by the Department.

[ ]  Unsupervised.

[ ]  No contact.

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The father, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

[ ]  Not applicable as the child is placed with this parent.

[ ]  Supervised by the Department or an adult approved by the Department.

[ ]  Unsupervised.

[ ]  No contact.

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The father, \_\_\_\_\_\_\_\_\_\_\_\_\_:

[ ]  Not applicable as the child is placed with this parent.

[ ]  Supervised by the Department or an adult approved by the Department.

[ ]  Unsupervised.

[ ]  No contact.

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SIBLING PLACEMENT:

[ ]  There are no siblings.

[ ]  The siblings are currently placed together.

[ ]  A home is not available to place the siblings together. The Department has made the following reasonable efforts to keep the children together: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  It is not in the best interest of each sibling that all the siblings be placed together in out-of-home care, as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. SIBLING VISITATION:

[ ]  Not applicable as there are no known siblings.

[ ]  On-going visitation between the siblings is Choose an item.

1. MEDICAL CARE: The Department and its contracted providers request authorization to obtain routine medical services for the Child(ren) as needed and to obtain records and information so that a Comprehensive Behavioral Health Assessment may be conducted.
2. PSYCHOTROPIC MEDICATIONS:

[ ]  Not applicable.

[ ]  The Child(ren), Full name of Child was/were receiving the following prescribed psychotropic medication at the time of removal: Name and dosage of medication. In accordance with Section 39.407(3)(b)(1), Florida Statutes, the Department or its contracted provider requests continuation of the psychotropic medication.

1. GUARDIAN AD LITEM: The Child(ren) are in need of, and the Department of Children and Families requests, the appointment of the Guardian ad Litem Program.
2. FINANCIAL SUPPORT. The Department of Children and Families requests that the Parents or custodians, if able, be ordered to pay fees for the care, support and maintenance of the Child(ren) as established by the Department pursuant to Section 39.402(11)(a), Florida Statutes. The Court is requested to order the parents to provide the Department or its contracted provider with financial information to access child support within 28 days after the entry of the shelter order.
3. OTHER: The Department requests the following additional relief:

[ ]  The Department requests the Choose an item. undergo a substance abuse evaluation, with a qualified provider being given information from the initial investigation. The Petition establishes that the Department has shown a good cause for the request, and such is authorized pursuant to Section 39.407(16), Florida Statutes.

 [ ]  The Department requests that the Choose an item.of Child(ren) submit to a physical or mental health evaluation by a qualified professional who will be given information from the initial investigation. The Petition establishes that the Department has shown good cause for the request, and such is authorized pursuant to Section §39.407(15), Florida Statutes.

[ ]  The Department requests that the Court appoint a surrogate parent or refer the Child(ren)to the district school superintendent for appointment of a surrogate parent, pursuant to Section 39.0016(3)(b), Florida Statutes as Child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is/are suspected of having a disability as defined in Section 1003.01(3), Florida Statutes and the parent is unavailable.

[ ]  The Department requests that the Child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, be evaluated by a licensed health care professional, pursuant to Section 39.407(4)(a), Florida Statutes.

[ ]  The Department requests that the Child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, be evaluated by a psychiatrist, psychologist, or by the developmental disability and evaluation team, as a developmental disability is suspected and/or alleged, pursuant to Section 39.407(4)(b), Florida Statutes.

[ ]  The Department requests that the Child(ren), \_\_\_\_\_\_\_\_\_\_\_\_\_, be evaluated by the district school board educational needs assessment team. The Department requests that the needs assessment include, but not be limited to, reports of intelligence and achievement tests, screening for learning disabilities and other handicaps, and screening for the need for alternative education as defined in Section 1001.42, Florida Statutes.

WHEREFORE, your Affiant requests that this Court order that Child(ren) be placed in accordance with the request in paragraph 13 above until further order of this Court.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full name of CPI

 Child Protective Investigator /AFFIANT

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_

BEFORE ME,the undersigned authority, personally appeared the above affiant, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, first being duly sworn, deposes and says: that the above affiant has read the same, knows the contents thereof, and that the same is true and correct. The affiant is personally known to me / provided the following identification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

SWORN TO AND SUBSCRIBED before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC or CLERK OF COURT

This Verified Shelter Petition has been reviewed and is respectfully submitted by:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Attorney Name

Children’s Legal Services

Department of Children & Families

Attorney Address

Attorney Telephone

Florida Bar No.: ####

FirstName.LastName@myflfamilies.com

 ParalegalFirst.Last@myflfamilies.com

**NOTICE TO PARENTS/GUARDIANS/LEGAL CUSTODIANS**

**A date and time for an Arraignment Hearing is normally set at this Shelter Hearing. If one is not set or if there are questions, you should contact the Juvenile Law Clerk’s office of the County Courthouse. A copy of the Petition for Dependency will be given to you or to your attorney, if you have one. A copy will also be available in the clerk’s office. You have a right to have an attorney represent you at this hearing and during the dependency proceedings and an attorney will be appointed for you if you request an attorney and the court finds that you are unable to afford an attorney.**

**Notices to Persons With Disabilities**

**ENGLISH:**

**If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Court Administration, 250 NW Country Club Drive, Suite 217, Port St. Lucie, FL 34986, (772) 807-4370 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.**

**SPANISH:**

**Si usted es una persona discapacitada que necesita algún tipo de adecuación para poder participar de este procedimiento, usted tiene derecho a que se le ayude hasta cierto punto y sin costo alguno. Por favor comuníquese con Court Administration, 250 NW Country Club Drive, Suite 217, Port St. Lucie, Fl. 34986, (772) 807-4370, al menos 7 días antes de su fecha de comparecencia o inmediatamente después de haber recibido esta notificación si faltan menos de 7 días para su cita en el tribunal. Si tiene discapacidad auditiva o de habla, llame al 711.**

**KREYOL:**

**Si ou se yon moun ki andikape epi ou bezwen nenpòt akomodasyon pou ou ka patisipe nan pwosè sa-a, ou gen dwa, san ou pa gen pou-ou peye anyen, pou yo ba-ou yon seri de asistans. Tanpri kontakte Administrasyon Tribunal-la, 250 NW Country Club Drive, Suite 217, Port St. Lucie FL 34986, (772) 807-4370 omwen 7 jou alavans jou ou gen pou-ou parèt nan tribunal-la, ouswa imedyatman kote ou resevwa notifikasyon-an si ke li mwens ke 7 jou; si ou soud ouswa bèbè, rele 711**



IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,

IN AND FOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY, FLORIDA

JUVENILE DIVISION

 CASE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN THE INTEREST OF:

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:  |  |

MINOR CHILD /

**UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT AFFIDAVIT PURSUANT TO SECTION 61.501, FLORIDA STATUTES**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_

I, [Name of CPI], being sworn, certify that the following statements are true:

1. The name, present address, periods of residence, and places where each child has lived within the past five (5) years; and the name and present addresses of the persons with whom the child has lived during that period are:

Child 1: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Places where child has lived within the last five (5) years and with whom:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Custody | Address at time of Custody | Custodian’s Name | Custodian’s Present Address |
|   |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |   |  |  |

Child 2: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Places where child has lived within the last five (5) years and with whom:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Custody | Address at time of Custody | Custodian’s Name | Custodian’s Present Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |   |  |  |

Child 3: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Places where child has lived within the last five (5) years and with whom:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Custody | Address at time of Custody | Custodian’s Name | Custodian’s Present Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |   |  |  |

Child 4: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Places where child has lived within the last five (5) years and with whom:

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Custody | Address at time of Custody | Custodian’s Name | Custodian’s Present Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |   |  |  |

1. Participation in custody proceeding(s):

[x]  I HAVE NOT participated as a party, witness, or in any capacity in any other litigation or custody proceeding in this or any other state, concerning custody of a child subject to this proceeding.

1. Information about custody proceeding(s):

[x]  I HAVE NO INFORMATION of any custody proceeding pending in a court of this
or any other state concerning a child subject to this proceeding.

1. Persons not a party to this proceeding:

[x]  I DO NOT KNOW OF ANY PERSON not a party to this proceeding who has physical custody or claims to have custody or visitation rights with respect to any child subject to this proceeding.

1. Knowledge of prior child support proceedings:

[x]  The child(ren) in this affidavit is/are NOT subject to existing child support order(s) in this or any state or territory.

1. I acknowledge that I have a continuing duty to advise this Court of any custody, visitation, child support, or guardianship proceeding (including dissolution of marriage, separate maintenance, child neglect, or dependency) concerning the child in this state or any other state about which information is obtained during this proceeding.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name of CPI], AFFIANT

Sworn to or affirmed and signed before me on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida at Large

Commission # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Personally known
\_\_\_ Produced identification
Type of identification produced \_\_\_\_\_\_\_\_\_