

In the Interest Of:

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

Commonwealth of Pennsylvania  
Court of Common Pleas – Juvenile Division  
County of \_\_\_\_\_  
Judicial District \_\_\_\_\_



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

**FILING TYPE**

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

**PETITIONER / 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"/> Bi-Racial	Ethnicity: <input type="checkbox"/> Hispanic
<input type="checkbox"/> Black	<input type="checkbox"/> Native Tribal Affiliation:	<input type="checkbox"/> Not Hispanic
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Unknown/Unreported	<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.

<p><b>Abuse and/or Neglect</b></p> <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 <p><b>Abuse:</b></p> <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.	<p><b>Status Offense</b></p> <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)
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**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
<input type="checkbox"/> Child remains in home but is in <u>imminent risk</u> of placement in foster care absent preventive services.	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: _____
<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)
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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:

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**ADDITIONAL PARTICIPANTS WITH RELATIONSHIP TO CHILD**

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