

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

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

<p>Person Diagnosed with Autism/ASD</p> <input type="checkbox"/> Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian or Custodian	<p>Reports as Person Diagnosed with Autism/ASD Without Substantiated Evidence</p> <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:

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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