

AOC-DNA-1
 Rev. 1-11
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 Commonwealth of Kentucky
 Court of Justice www.courts.ky.gov
 KRS 610.010, 620.023, .027, .050,
 .060, .070, .080; FCRPP 20



**JUVENILE
 DEPENDENCY, NEGLECT AND ABUSE
 PETITION**

Case No. _____
 Court District Family
 County _____
 Division _____

CLERK'S USE ONLY	
Hearing Date _____, 2_____	Hearing Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Hearing Location _____	

IN THE INTEREST OF: _____, A CHILD

Birthdate	Sex	Race	SSN

Affiant, _____,
 says that on _____, 2_____, in _____ County, Kentucky, the above-named juvenile
 was/is **dependent** (UOR Code - 002813) **neglected** (UOR Code - 002814) **abused** (UOR Code - 002815)
 pursuant to KRS Chapter 620 et seq and within the scope of KRS 610.010(2)(d); Affiant's grounds of belief are: _____

Name of person believed responsible for neglect and/or abuse _____

Juvenile's Address:

Telephone No. _____

Juvenile attends school at _____

Affiant's Name (print) _____

Affiant's Address _____

Telephone No. _____

Distribution: Court File Parent or other person exercising custodial control or supervision (sheriff to serve)
 Local DCBS Local CASA Project Director upon Court referral

Juvenile's Legal Mother: _____
Address: _____

Phone No. _____ SSN _____ Legal Custodian? Yes No
Name of Other(s) Living in Mother's Home and relationship to Child:
 Stepfather _____
 Sibling(s) _____

 Other _____

Juvenile's Legal Father: _____
Address: _____

Phone No. _____ SSN _____ Legal Custodian? Yes No
Name of Other(s) Living in Father's Home and relationship to Child:
 Stepmother _____
 Sibling(s) _____

 Other _____

Name and relation of other **person exercising custody or control of child** _____

Name and address of **nearest known adult relative** if no parent or person exercising custodial control or supervision (PECC) is located:

Affiant states the foregoing allegations are true based upon information and belief.

Affiant's Signature _____

Sworn to before me on _____, 2_____. My Commission expires: _____, 2_____.

_____ Name
_____ Title