



**EMERGENCY CUSTODY ORDER  
AFFIDAVIT**

Case No. \_\_\_\_\_  
Court [ ] District [ ] Family  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN THE INTEREST OF: \_\_\_\_\_, A CHILD

Birthdate	Sex	Race	SSN

I, \_\_\_\_\_, swear or affirm under oath the following statements are true to the best of my knowledge (*if more space is needed, attach second page*):

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

As required by KRS 620.030(1) I have made a report regarding these facts to the following entity:

- |  |   |
|--|---|
| <input type="checkbox"/> Local law enforcement | <input type="checkbox"/> Cabinet for Health & Family Services |
| <input type="checkbox"/> Kentucky State Police | <input type="checkbox"/> Commonwealth Attorney                |
| <input type="checkbox"/> County Attorney       | <input type="checkbox"/> Did not report                       |

If you did not report, please explain why: \_\_\_\_\_  
\_\_\_\_\_

Are there other proceedings pending in this or any other jurisdiction? [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_, 20\_\_\_\_ **Affiant's Signature:** \_\_\_\_\_

**Affiant's Name (Print/Type):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relation to Child:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Child currently resides with: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

**Juvenile's Legal Mother:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_ SSN \_\_\_\_\_ Legal Custodian?  Yes  No  
**Name of Other(s) Living in 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 Home and Relationship to Child:**  
 Stepfather \_\_\_\_\_  
 Sibling(s) \_\_\_\_\_  
\_\_\_\_\_  
 Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, 2\_\_\_\_\_. My Commission expires: \_\_\_\_\_, 2\_\_\_\_\_.  
\_\_\_\_\_, Clerk  
By: \_\_\_\_\_ D.C.