

This form is being released for a review of content only and is not yet formatted as an official AOC form.

AOC-DNA-1 Rev. 5-14 Page 1 of 3 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 OR ABUSE PETITION <input type="checkbox"/> W/ EMERGENCY CUSTODY ORDER AFFIDAVIT	Case No. _____ Court <input type="checkbox"/> Family <input type="checkbox"/> District County _____ Division _____
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CLERK'S USE ONLY Temporary Removal Hearing (TRH): Date _____, 2____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Location _____

IN THE INTEREST OF: _____, **A CHILD**

DOB	Sex	Race	SSN
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Affiant, _____,
 says that on _____, 2____, in _____ County, Kentucky, the above-named juvenile
 was/is **dependent** (UOR Code - 002813) **neglected or abused** (New UOR Code will be requested) pursuant
 to KRS Chapter 620, and within the scope of KRS 610.010(2)(d); Affiant's grounds of belief are:

1. 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: _____

2. Are there other proceedings pending in this or any other jurisdiction? Yes No
 If yes, please explain: _____

3. Name of person believed responsible for dependency neglect or abuse:

4. If removal from the custodial parent(s) is requested has the non-custodial parent been contacted for placement of the child? Yes No. If No, is there any existing Order which restricts placement with the non-custodial parent? Yes No.

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5. Complete the following information:

Juvenile's Address:

_____ Telephone No. (____) _____

Juvenile currently resides with Mother Father Other _____

Juvenile attends school at _____

Juvenile's Legal Mother: _____

Address: _____

Phone No. _____ SSN _____ DOB _____ 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 _____ DOB _____ Legal Custodian? Yes No

Name of Other(s) Living in Father's Home and relationship to Child:

Stepmother _____

Sibling(s) _____

Other _____

Name, address and relation of other **person exercising custodial control or supervision of the child (PECCS)**

Phone No. _____ SSN _____ DOB _____ Legal Custodian? Yes No

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[] Name, address and relation of **nearest known adult relative** if no parent or person exercising custodial control or supervision (PECCS) is located:

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

Date: _____, 2____ **Affiant's Signature:** _____

Affiant's Name (print) _____

Affiant's Relationship to the Child: _____

Affiant's Address: _____

Telephone No. (____) _____

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

_____ Name
_____ Title

EMERGENCY CUSTODY ORDER AFFIDAVIT*

*(*This ECO Affidavit may be used when the Petition is being filed simultaneously. The AOC-DNA 2.1 ECO Affidavit may still be used if the petition will be filed at a later time.)*

I, _____, swear or affirm under oath the above statements located in the first paragraph of the Petition are true to the best of my knowledge with respect to the above-named child. In addition, I believe the additional following facts support that removal from the home is the least restrictive placement at this time:

Affiant's Signature _____ **Date:** _____, 2____

Affiant's Relationship to the child: _____

Subscribed and sworn to before me on _____, 2____.

My Commission expires: _____, 2____.

By: _____

- Distribution:** [] Court File
[] Parent or other person exercising custodial control or supervision (sheriff to serve)
[] Local DCBS
[] Local CASA upon Court referral