

AOC-DNA-2.1 Doc. Code: AECO
Rev. 1-15
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 620.060; FCRPP 19



**EMERGENCY CUSTODY ORDER
AFFIDAVIT**

Case No. _____
Court [] District [] Family
County _____
Division _____

IN THE INTEREST OF: _____, A CHILD

DOB	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: _____

Juvenile's Address:

_____ Phone No. () _____
Juvenile currently resides with [] Mother [] Father [] Other _____
Juvenile attends school at _____

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 [] Unknown. If yes, list state, county, case number and date of order if known (or attach copy if available): _____

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

If yes, please explain: _____

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:
[] Stepparent _____
[] 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:
[] Stepparent _____
[] 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
Name of Other(s) Living in the PECCS's Home and relationship to the Child:

Affiant's Name (*Print/Type*): _____

Address: _____

Relation to Child: _____ Phone No. () _____

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

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

Distribution: [] Court file