

AOC-DNA-1 Doc Code: PJ or  
 Rev. 7-18 PJECA  
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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 19



**JUVENILE DEPENDENCY/NEGLECT OR ABUSE  
 PETITION**  
 **W/ EMERGENCY CUSTODY ORDER AFFIDAVIT**

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

**CLERK'S USE ONLY**

**Temporary Removal Hearing (TRH):** Date \_\_\_\_\_, 2\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.  
 Location: \_\_\_\_\_

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

DOB	Sex	Race	SSN

Affiant, \_\_\_\_\_,  
 says that on \_\_\_\_\_, 2\_\_\_\_, in \_\_\_\_\_ County, Kentucky, the above-named  
 juvenile was/is  **dependent** (UOR Code - 002813)  **neglected or abused** (UOR Code - 002826) 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:  
 Local law enforcement  Cabinet for Health & Family Services  
 Kentucky State Police  Commonwealth Attorney  
 County Attorney  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 is requested, has the non-custodial parent been contacted for placement of  
 the child?  Yes  No. If No, was the non-custodial parent considered for placement?  Yes  No.  
 Is there any existing Order which restricts placement with the non-custodial parent?  Yes  No.  
 Is there any other reason non-custodial parent was not considered for placement?  Yes  No. If no to any of  
 the above please explain why the non-custodial parent was not considered:  
 \_\_\_\_\_

5. Complete the following information:

**Juvenile's Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone 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:**  
 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, 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

**CHFS Use Only. Non-CHFS users must complete the AOC-DNA-2.1, Emergency Custody Order Affidavit  
EMERGENCY CUSTODY ORDER AFFIDAVIT\* FOR CHFS**

(\*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: \_\_\_\_\_

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

What is the immediate risk to the child which justifies entry of an ex parte custody order? \_\_\_\_\_

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

Date: \_\_\_\_\_, 2\_\_\_\_ Affiant's Signature: \_\_\_\_\_

Affiant's Relationship to the child: \_\_\_\_\_

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

- Distribution:
- Court File
  - Parent or other person exercising custodial control or supervision (Sheriff or other authorized person to serve, not a CHFS employee)
  - Local DCBS
  - Local CASA upon Court referral