



**STIPULATION OF FACTS & WAIVER  
OF FORMAL ADJUDICATION HEARING**  
 Dependency  Neglect or Abuse

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

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

DOB	Sex	Race	SSN

The following is a Stipulation regarding the petition currently before the court in the above-referenced case:

1. The child(ren) was/were properly before the court pursuant to KRS 610.010 and 610.020.
2. The child(ren) is/are represented by counsel duly appointed by this Court whose name is:  
\_\_\_\_\_
3. The parent(s) or other person exercising custodial control or supervision were represented by:  
\_\_\_\_\_ for the Mother;  
\_\_\_\_\_ for the Father; and/or  
\_\_\_\_\_ for other person exercising custodial control or supervision;

OR have been advised of their right to counsel and waived same.

4. The party or parties signing this document is/are not under the influence of alcohol, medication, drugs or mental condition that would prevent them from understanding these proceedings or stipulating of their own free will.
5. The party or parties stipulate to the following facts which support a legal finding of  dependency  neglect or abuse:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6.  The party or parties understand that by entering into this Stipulation he/she/they agree to waive (give up their rights to) a formal adjudication hearing or trial contesting the facts stated above where the Commonwealth would be required to prove the contents of the Petition; a right to confront and cross-examine witnesses; to have witnesses appear in court on their behalf; a right not to incriminate or testify against oneself; and a right to appeal, and also understand(s) the court will continue to have authority to make decisions regarding custody of the child(ren).
7.  The Agreed Disposition will be as follows because the child and his/her counsel have waived a separate Disposition. (KRS 610.080)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pending Disposition it is further agreed as follows:

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

\_\_\_\_\_  
Counsel for the Child

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Mother's attorney

\_\_\_\_\_  
Father

\_\_\_\_\_  
Father's attorney

\_\_\_\_\_  
Other Person Exercising Custodial  
Control or Supervision (PECCS)

\_\_\_\_\_  
PECCS's attorney

**Have seen and agree:**

\_\_\_\_\_  
County Attorney

\_\_\_\_\_  
CHFS Representative

**DISTRIBUTION:**

- Court file
- CHFS or agency where child is placed
- All counsel of record and/or parents/PECCS of child not represented by counsel