



4. a. 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
- b. Is there any existing Order which restricts placement with the non-custodial parent?  Yes  No  
If Yes, list state, county, case number and date of order if known (or attach copy if available):  
\_\_\_\_\_
- c. Is there any other reason the non-custodial parent was not considered for placement?  Yes  No  
If Yes, please explain why the non-custodial parent was not contacted or considered for placement:  
\_\_\_\_\_  
\_\_\_\_\_

5. Complete the following information:

**Juvenile's Address(es):**  
Juvenile currently resides at \_\_\_\_\_  
address (county)  
with  Mother  Father  Other \_\_\_\_\_.

Juvenile ordinarily resides at (if different from above) \_\_\_\_\_  
address (county)  
with  Mother  Father  Other \_\_\_\_\_.

Juvenile will reside at (if known) \_\_\_\_\_  
address (county)  
with  Mother  Father  Other \_\_\_\_\_.(please explain below)  
\_\_\_\_\_

Juvenile attends school at \_\_\_\_\_.

Juvenile's Phone No.: ( ) \_\_\_\_\_

**Juvenile's Legal Mother:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address (if known): \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Legal Custodian?  Yes  No

**Name of Other(s) Living in Mother's Home and relationship to the Child:**  
 Stepparent: \_\_\_\_\_  
 Sibling(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Juvenile's Legal Father:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email Address (if known): \_\_\_\_\_  
Phone No.: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Legal Custodian?  Yes  No  
**Name of Other(s) Living in Father's Home and relationship to the Child:**  
 Stepparent: \_\_\_\_\_  
 Sibling(s): \_\_\_\_\_  
\_\_\_\_\_  
 Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name, address and relation of other person(s) exercising custodial control or supervision of the child (PECCS)**  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address (if known): \_\_\_\_\_  
Phone No.: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Legal Custodian?  Yes  No  
**Name of Other(s) Living in the PECCS's Home and relationship to the Child:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Affiant's Address: \_\_\_\_\_  
\_\_\_\_\_

Affiant's Relationship to the Child: \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Subscribed and sworn to before me  in my presence  via oral communication on this the \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_, at \_\_\_\_\_  a.m.  p.m.  
If a Notary: My commission expires: \_\_\_\_\_.  
\_\_\_\_\_  
Notary Public or Circuit Clerk/D.C.