



**ORDER**  
 GRANTING  DENYING  
**EMERGENCY CUSTODY**

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

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

DOB	Sex	Race	SSN

**FINDINGS OF FACT/CONCLUSIONS OF LAW**

NOTE: If additional space is needed for findings, attach as an addendum.

The Court having reviewed the evidence by affidavit or recorded sworn testimony of \_\_\_\_\_, and being otherwise sufficiently advised, hereby finds and concludes:

1.  There are not reasonable grounds to support an emergency custody order.

OR

There are reasonable grounds to believe one or more of the following conditions exist and the parent(s) or other person(s) exercising custodial control or supervision is/are unable or unwilling to protect the child:

- a.  The child is in danger of imminent death or serious physical injury or is being sexually abused.
- b.  The parent(s) has/have repeatedly inflicted, or allowed to be inflicted by other than accidental means, physical or emotional injury.
- c.  The child is in immediate danger due to the failure or refusal of the parent(s) to provide for the safety or needs of the child.

**AND** the Court makes the following specific findings in support of the emergency removal of the child (*if the child is not placed with an available non-custodial parent, the court may state the reasons*):

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2. The child's *best interests*  **require**  **do not require** the Court to remove the child from his/her home.

3. **Continuation in the home**  **is**  **is not** *contrary to the welfare of the child*.

4. There  **are**  **are no** less restrictive alternatives to removal at this time.

5. **REASONABLE EFFORTS:**

- Reasonable efforts were made to prevent the child's removal from the home.
- Reasonable efforts to preserve or reunify the child with his/her family are not required pursuant to KRS 610.127.
- Reasonable efforts were not made to prevent the child's removal from the home.
- ICWA Cases Only.** Active efforts have been made to provide services to the family to prevent removal of the American Indian child from his/her parent(s) or American Indian custodian(s) and to reunify the American Indian child with his/her parent(s) or American Indian custodian(s) (if removed).

**ORDER**

WHEREAS, the above-named child has been brought before this Court pursuant to KRS 610.010, the Court finds its jurisdiction has been properly sought and based upon the findings of fact and conclusions of law, **IT IS HEREBY ORDERED THAT:**

An **EMERGENCY** pursuant to KRS 620.060 **DOES NOT EXIST** which would justify the issuance of an emergency custody order, and:

The Petition is dismissed due to legal insufficiency; or

An emergency custody order is denied, but if the Petition is filed a temporary removal hearing shall be held pursuant to KRS 620.080.

**OR**

An **EMERGENCY** pursuant to KRS 620.060 **EXISTS** which justifies the issuance of an emergency custody order, **AND THIS CHILD SHALL:**

**Doc. Code:**

**OECCOC**  Be placed in emergency custody of the Cabinet for Health & Family Services (CHFS).

**OECOR**  Be placed out of home of removal in emergency custody of relative(s) or other appropriate person(s) or agency as named below.

**Name, address and relationship of person(s) to whom emergency custody is granted if other than CHFS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address (if known): \_\_\_\_\_

**Person(s) with custody PRIOR to entry of this ORDER and from whom the child is being removed:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address (if known): \_\_\_\_\_

**A TEMPORARY REMOVAL HEARING WILL BE HELD** \_\_\_\_\_, 2\_\_\_\_\_, at \_\_\_\_\_  a.m.  p.m.

at the following location: \_\_\_\_\_

The following persons shall be present:

Mother  Father  Child  County Attorney  CHFS Worker  Counsel for Child  Counsel for Mother

Counsel for Father  Counsel for Other Person Exercising Custodial Control or Supervision (PECCS)

Stepparent(s) \_\_\_\_\_

PECCS \_\_\_\_\_

Foster Parent(s) \_\_\_\_\_

Person(s)/Agency providing care \_\_\_\_\_

Pre-Adoptive Parent(s), if any \_\_\_\_\_

CASA volunteer  Other Family Member \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**PROOF OF SERVICE**

This **ORDER** was served by delivering a true copy to:

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

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Served by: \_\_\_\_\_

\_\_\_\_\_ Title

Distribution:

Court file

Cabinet for Health and Family Services or facility or agency where the child is placed

All counsel of record and/or parents/custodians if the child not represented by counsel