



**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(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. () _____

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