

EMERGENCY CUSTODY PETITION FOR PERSONS WITHOUT AN ATTORNEY

THIS PETITION IS TO:

REQUEST EMERGENCY TEMPORARY CUSTODY

YOU MUST BE ABLE TO SHOW:

THE CHILD(REN) IS/ARE AT IMMEDIATE RISK OF HARM

STEPS:

1. Make a child abuse referral to the Department of Children's Services at 1-877-237-0004. Your referral number is: _____
2. Complete the Petition
3. Pay \$112 filing fee plus \$52 service fee for each respondent/parent (personal checks are not accepted)
4. If the parent's whereabouts are unknown, complete an Affidavit of Diligent Efforts.

AFTER YOU FILE

1. The Judge or Magistrate will review your Petition
2. After reviewing the Petition, the Judge or Magistrate will decide whether to grant you emergency temporary custody.
3. If you are granted emergency custody, the Court will give you an order of temporary custody and a court date.
4. If you are NOT granted emergency custody, you will be given a court date to appear before the court and explain why temporary custody is necessary.

YOU ARE ENCOURAGED TO CONSULT WITH A COMPETENT ATTORNEY, THIS OFFICE CANNOT AND WILL NOT PROVIDE LEGAL ADVICE

**IN THE JUVENILE COURT FOR CHEATHAM COUNTY, TENNESSEE
AT ASHLAND CITY**

Petitioner
Petitioner's Relationship to Child(ren) _____

Docket _____

V.

Respondent
Respondent's Relationship to Child(ren) _____

REGARDING CHILDREN UNDER EIGHTEEN (18) YEARS OF AGE

Child 1: _____ DOB: _____

Child 2: _____ DOB: _____

Child 3: _____ DOB: _____

Child 4: _____ DOB: _____

**EMERGENCY PETITION FOR EX PARTE TEMPORARY CUSTODY AND TO ADJUDICATE AS
DEPENDENT AND NEGLECTED UNDER TCA 37-1-102**

Your Petitioner would respectfully show to the Court that:

1. The address of the Petitioner is _____

2. The address where the child(ren) can be found is _____

3. The Petitioner states that the child(ren) are subject to the continuing exclusive and original jurisdiction of the Juvenile Court of Cheatham County, Tennessee, both in subject matter and personal jurisdiction, because
 they are located in Cheatham County

this court previously entered orders related to this child(ren)

4. INFORMATION RELATED TO THE MOTHER OF THE CHILDREN:

The name of the Mother is: _____

Her address is: _____

Her address is unknown – if her address is unknown, you must complete an Affidavit of Diligent Efforts

5. INFORMATION RELATED TO THE FATHER(S) OF THE CHILD(REN):

The Father of the child(ren) is unknown

The name of the Father is: _____

His address is: _____

He is the Father of all children listed on the Petition

He is only the Father of _____

There is another Father, his name is: _____

His address is _____

If his address is unknown, you must complete an Affidavit of Diligent Efforts

He is the Father of: _____

6. To the best of your knowledge, in the past five years, the child(ren) have lived in the following places: _____

7. The Petitioner has has not participated (as a party, witness, or any other capacity) in any other litigation concerning custody of the child(ren) in this or any other state.

8. The Petitioner does does not know of any person not a party to this proceeding who has physical custody of the child(ren) or who claims to have custody of or visitation rights with the child(ren).

9. The Petitioner does does not know of any other proceeding that could affect the current proceeding.

10. The Petitioner states that emergency temporary custody of the child(ren) is necessary because:

11. DCS is is not involved in this case. The worker is _____

12. The Petitioner states they are the fit and proper person to care for the children.

13. The Petitioner states there is not less drastic alternative than an order granting temporary custody of the child(ren) and that the child(ren) would suffer immediate and irreparable harm should they be removed from the Petitioner's care.

14. The Petitioner states it is proper and in the best interest of the child(ren) that they be adjudicated dependent and neglected and that custody of the child(ren) be vested with the Petitioner.

THEREFORE, PETITIONER REQUESTS:

1. That the parents be served with a copy of this Petition and be required to answer
2. That a hearing be set
3. That temporary custody of the child(ren) vest with the Petitioner
4. That a Guardian ad Litem be appointed to represent the child(ren)
5. For such other, further, and general relief as may be necessary

Respectfully submitted,

Signature of Petitioner

THIS IS THE FIRST REQUEST FOR EXTRAORDINARY RELIEF (EMERGENCY CUSTODY) IN THIS CASE

OATH

STATE OF TENNESSEE)

COUNTY OF CHEATHAM)

I _____, being duly sworn according to the law, make oath that the facts stated in the foregoing Petition are true and correct to the best of my knowledge, information and belief

Signature of Affiant/Petitioner

Sworn to and subscribed before me this
_____ day of _____ 20_____

Notary Public/Deputy Clerk

My Commission expires: _____

IN THE JUVENILE COURT OF CHEATHAM COUNTY, TENNESSEE

DOCKET NO. _____

Petitioner

V.

Respondent

IN RE: _____ DOB _____

_____ DOB _____

_____ DOB _____

Child(ren) Names

AFFIDAVIT OF DILIGENT EFFORTS TO LOCATE PARENT OR LEGAL GUARDIAN

1. The whereabouts of the following are unknown to me:

Mother: _____

Father: _____

Legal Custodian: _____

2. I do not know how to locate the named person/people to notify them of this proceeding

3. The last time I had contact with them was: _____

4. The last address I am aware of this person/people staying or living is: _____

5. I made the following efforts to attempt to contact the named person/people about this proceeding.

I contacted the following friends, family or acquaintances of the above person/people about these proceedings: _____

I reached out to the person/people through social media

6. I have provided the court with all information in my possession that would help the court locate the named person/people.

7. I understand that I am under a court order to provide the court with any additional information that comes to my attention about how to contact the named person/people.

8. I understand that if I come in contact with the named person/people, I am ordered to tell them about these proceedings, about any orders that have been issued by the court, and any court dates of which I am aware and to advise them to contact the Juvenile Court of Cheatham County.

Signature of Affiant/Petitioner

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary / Deputy Clerk

My commission expires _____

CHEATHAM COUNTY JUVENILE COURT
GENERAL DATA FORM---CHILD'S PERSONAL RECORD
(Please Print Legibly and Answer all questions completely)

DOCKET #: _____
DATE: _____
INITIALS: _____

HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____

FULL NAME: _____ SOCIAL SECURITY#: _____
CURRENT ADDRESS: _____ CITY/STATE: _____
IN SCHOOL? _____ NAME OF SCHOOL: _____ LAST GRADE COMPLETED: _____ IN SPECIAL ED: _____
DO YOU WORK? _____ EMPLOYER NAME & ADDRESS _____

LIVING ARRANGEMENT OF CHILD:

_____ WITH BOTH BIOLOGICAL PARENTS	_____ WITH RELATIVES	_____ IN AN INSTITUTION
_____ WITH FATHER & STEPMOTHER	_____ WITH ADOPTIVE PARENTS	_____ IN A GROUP HOME
_____ WITH MOTHER & STEPFATHER	_____ INDEPENDENT LIVING	_____ WITH FOSTER FAMILY
_____ WITH MOTHER	_____ UNKNOWN	_____ IN RESIDENTIAL CENTER
_____ WITH FATHER		_____ OTHER

DATE OF BIRTH: _____ AGE: _____ SEX: _____ RACE: _____ MARITAL STATUS _____
IS THE CHILD OF HISPANIC ORIGIN: _____ OTHER ETHNIC ORIGIN (PLEASE SPECIFY) _____
PLACE OF BIRTH: _____ NICKNAME/ ALIAS: _____

DOES CHILD HAVE PREVIOUS ADJUDICATIONS FOR OR CONCERNINGS: _____ DELINQUENT OFFENSES
_____ DRUG/ ALCOHOL OFFENSES
_____ STATUS/ UNRULY OFFENSES
_____ DEPENDENCY & NEGLECT

IF YES, WHEN AND WHAT COURT: _____

FAMILY HISTORY

MOTHER: _____
ADDRESS: _____
MARRIED: _____ RACE: _____ BIRTHDATE: _____
HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____

SOCIAL SECURITY#: _____
CITY/ STATE/ ZIP: _____
OCCUPATION: _____
EMPLOYER: _____
WORK ADDRESS: _____
EMAIL ADDRESS: _____

FATHER: _____
ADDRESS: _____
MARRIED: _____ RACE: _____ BIRTHDATE: _____
HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____

SOCIAL SECURITY#: _____
CITY/ STATE/ ZIP: _____
OCCUPATION: _____
EMPLOYER: _____
WORK ADDRESS: _____
EMAIL ADDRESS: _____

LEGAL GUARDIAN: _____
ADDRESS: _____
MARRIED: _____ RACE: _____ BIRTHDATE: _____
HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____

SOCIAL SECURITY#: _____
CITY/ STATE/ ZIP: _____
OCCUPATION: _____
EMPLOYER: _____
WORK ADDRESS: _____
EMAIL ADDRESS: _____

STEP PARENT: _____
ADDRESS: _____
MARRIED: _____ RACE: _____ BIRTHDATE: _____
HOME PHONE: _____
WORK PHONE: _____
CELL PHONE: _____

SOCIAL SECURITY#: _____
CITY/ STATE/ ZIP: _____
OCCUPATION: _____
EMPLOYER: _____
WORK ADDRESS: _____
EMAIL ADDRESS: _____