



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
EMERGENCY REQUEST FOR PROTECTIVE CUSTODY TO THE JUVENILE OFFICER

Date of Request:		Time Submitted: -		Submitted by:	
Child(ren)'s Name (first/ middle/last)			DOB	Sex	Address or Current Location of Child
1.					
2.					
3.					
4.					
5.					
Parent 1			Child #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All		
First	MI	Last	Address (Street/City/State/Zip Code)		Telephone
Date of Birth:	Alias/Maiden		Contact w/child(ren): -		
Parent 2			Child #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All		
First	MI	Last	Address (Street/City/State/Zip Code)		Telephone
Date of Birth:	Alias/Maiden		Contact w/child(ren): -		
(OTHER)			Child #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All		
First	MI	Last	Address (Street/City/State/Zip Code)		Telephone
Date of Birth:	Alias/Maiden		Contact w/child(ren): -		
(OTHER)			Child #: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> All		
First	MI	Last	Address (Street/City/State/Zip Code)		Telephone
Date of Birth:	Alias/Maiden		Contact w/child(ren): -		

The Children's Division requests emergency protective custody by the Juvenile Officer as reasonable cause exists that the child(ren) is/are at risk of imminent danger of suffering serious physical harm or threat to life as a result of child abuse or neglect and reasonable cause exists to believe the harm or threat to life will occur before a juvenile court could issue a temporary protective custody order, to wit:

The alleged conduct by parent, guardian, or custodian(s) has subjected child(ren) to (*check all that apply*):

- physical abuse sexual abuse emotional abuse
- no suitable caretaker due to arrest/incarceration
- dangerous environmental conditions in the family home
- lack of supervision by refusal to provide for or make appropriate arrangements for care of the child(ren)
- failure to obtain necessary medical or mental health services for the child(ren)
- exposure to illegal drugs at birth the alleged
- perpetrator has access to the child(ren)
- Other: _____

2. The immediate danger to the child/children and brief facts as to the alleged abuse or neglect are as follows:

- 3. Prior history of abuse or neglect: 4. Domestic violence is an alleged factor:
- 5. Substance abuse by parent/guardian/custodian is an alleged factor:

I, _____, as an authorized representative of the Missouri Children's Division, do state that based upon information I have obtained or which has been reported to me, I have reasonable cause to believe the facts and information contained herein support the recommendation of the Children's Division. The facts and information stated herein are true and correct to the best of my knowledge and belief. I am signing this affidavit understanding that knowingly making a false statement might subject me to the penalties for making a false affidavit.

***Further relevant information must be forwarded to the Juvenile Officer.**

Signed electronically in lieu of written signature

Contact Information