



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
AUTHORIZATION TO PROVIDE ALTERNATIVE CARE

**A juvenile officer, law enforcement official, or a physician may complete this form.
 After checking the appropriate box below, complete the sections below.**

Juvenile Officer Law Enforcement Official Physician

I. IDENTIFYING INFORMATION

Officer/Official/Physician Name (Print Name)		LE Badge # (If Applicable)	
City, County of Jurisdiction or Physician Practice			
Name of Child Taken into Protective Custody		Child Taken into Protective Custody Date: Time:	
Location of Child at the Time of Protective Custody			
Parent(s)/Caretaker(s) Name			
Address		Telephone	

II. REASON(S) FOR PROTECTIVE CUSTODY

I have reasonable cause to believe that this child is in imminent danger of suffering serious physical harm or a threat to life as a result of abuse or neglect, as required by Section 210.125.2 RSMo and Supreme Court Rule 123.01, based on the following facts:

III. COURT ORDER COULD NOT BE OBTAINED

Protective custody was taken as I had reasonable cause to believe the harm or threat to life may occur before a juvenile court could issue a temporary protective custody order. Supreme Court Rule 123.01

IV. PLACEMENT AUTHORIZATION

LAW ENFORCEMENT OFFICIAL/PHYSICIAN: Pursuant to Section 210.125 RSMo, I request the Children's Division provide alternative care for a period not to exceed 24 hours from the time I took the child into protective custody as shown above. I understand that I am required to:

- immediately notify the juvenile officer;
- file a written report with the juvenile officer not later than 12 hours from the time child was taken into protective custody; and
- undertake a reasonable attempt to notify the juvenile's parents, guardian or custodian pursuant to Section 210.125 RSMo and Supreme Court Rule 123.02.

JUVENILE OFFICER: Pursuant to Section 210.125 RSMo, I request that the Children's Division provide alternative care for a period not to exceed 24 hours from the time I took the child into protective custody as shown above.

CD ALTERNATIVE CARE PLACEMENT BEGINS		CD ALTERNATIVE CARE PLACEMENT ENDS	
Date:	Time:	Date:	Time:
Officer/Official/Physician Signature		Title	Date

V. CHILD RELEASED TO:

Name		Relationship to the Child	
Address		Telephone	
Signature of Person Released To:		Date/Time of Release	
➤		Date:	Time: