**10-501A. Abuse and neglect party information sheet.**

**Abuse and Neglect Cases – Information Sheet**

**(File with Petition or Amended Petition)**

*Type or print responses. Required in all abuse and neglect cases.*

|  |  |
| --- | --- |
| **THIS SECTION FOR OFFICIAL USE ONLY**  NOTE TO COURT CLERK:  DOCKET EVENT CODE 9509, CRT: Abuse & Neglect Party Information Sheet.  Scan document, but will not become part of the official record. | |
| Case number: \_\_\_\_\_\_\_ | Assigned judge: \_\_\_\_\_\_\_ |

Children’s Court Attorney’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New petition \_\_\_\_\_\_\_\_ Amended petition (enter new info only) \_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| *Enter as much of the following information as possible:* | | | |
| **Minor Child 1** | | | |
| Name (F, M, L) |  | | |
| Type of current placement\* |  | | |
| Date of placement |  | | |
| Date of Birth |  | | |
| Special Conditions† |  | | |
| Respondent’s Relation to  Minor Child\*\* | Respondent 1 | Respondent 2 | Respondent 3 |
|  |  |  |
|  | | | |
| **Minor Child 2** |  |  |  |
| Name (F, M, L) |  |  |  |
| Type of current placement\* |  |  |  |
| Date of placement |  |  |  |
| Date of Birth |  |  |  |
| Special Conditions† |  |  |  |
| Respondent’s Relation to  Minor Child\*\* | Respondent 1 | Respondent 2 | Respondent 3 |
|  |  |  |
|  | | | |
| **Minor Child 3** |  |  |  |
| Name (F, M, L) |  |  |  |
| Type of current placement\* |  |  |  |
| Date of placement |  |  |  |
| Date of Birth |  |  |  |
| Special Conditions† |  |  |  |
| Respondent’s Relation to  Minor Child\*\* | Respondent 1 | Respondent 2 | Respondent 3 |
|  |  |  |
| ***Add information for additional children as necessary.*** | | | |

\* Type of placement: relative foster care; non-relative foster care; treatment foster care; residential treatment center; mental health facility/non-residential treatment center; juvenile justice facility

† Special Conditions: Indian Child Welfare Act (ICWA); Americans with Disabilities Act (ADA)

\*\* Relation to Minor Child: Parent, custodian, guardian, other

|  |  |
| --- | --- |
| **Respondent 1** | |
| Name (F, M, L) |  |
| Other Name (aka) |  |
| Address |  |
| Address |  |
| Date of Birth |  |
| Social Security Number |  |
| Special Conditions† |  |
|  | |
| **Respondent 2** | |
| Name (F, M, L) |  |
| Other Name (aka) |  |
| Address |  |
| Address |  |
| Date of Birth |  |
| Social Security Number |  |
| Special Conditions† |  |
|  | |
| **Respondent 3** | |
| Name (F, M, L) |  |
| Other Name (aka) |  |
| Address |  |
| Address |  |
| Date of Birth |  |
| Social Security Number |  |
| Special Conditions† |  |
| ***Add information for additional Respondents as necessary.*** | |

† Special Conditions: Indian Child Welfare Act (ICWA); Americans with Disabilities Act (ADA)

[Adopted by Supreme Court Order No. 14-8300-002, effective for all cases filed on or after August 31, 2014.]