IN THE CIRCUIT COURT OF xxxxxx COUNTY, ARKANSAS
JUVENILE DIVISION

AFFIDAVIT

Comes Affiant herein, affirming under oath that the following statements are true and correct to the best of my knowledge and belief:

1. Petitioner is an adult employee of the Arkansas Department of Human Services.

2. I believe the appropriate venue for this case is the Juvenile Court of COUNTY, Arkansas because [the child's primary place of residence is in xxxxx County *or* the facts giving rise to the petition arose in xxxxx County].

3. The juvenile(s) involved are:
   Name:
   DOB:
   SSN:

4. The parents of the juvenile(s) are:
   Mother:
   DOB:
   Address: [or use UTL checklist to document diligent efforts to locate, ADC search]
   Phone:

   Father:
   DOB:
   Address: [or use UTL checklist to document diligent efforts to locate, ADC search]
   Phone:
   Putative or Legal: [state why, i.e. married at time of birth, visitation order attached]

   PARENT is the non-custodial legal parent of the juvenile(s). PARENT had the following involvement in the dependency-neglect of the juvenile(s): [list any involvement or contributions to the situation which caused the filing of the current petition].

   [SPEAK WITH OCC ATTORNEY about capturing information pertaining to the appropriateness of unsupervised family time and/or placement with each parent, non-custodial parent, identified relatives and fictive kin. Information may be requested in the affidavit or OCC may request information to be provided directly to them]

5. The legally responsible party of the juvenile(s) is:

Name:
Address:
Phone:
The juvenile(s) has/have lived with NAME since DATE.

6. The juvenile(s) siblings are: [list all siblings not involved in the current petition and their DOB's. Identify current living situation and how you assessed their safety/determined that they don't need to be a party to the petition].

7. I believe the Indian Child Welfare Act DOES/DOES NOT apply to this petition: [list all reasons for belief, does the child or a member of the child's family have a tribal membership card, has anyone indicated that the child has Indian heritage?].

8. I have completed a diligent search for relatives and fictive kin for the juvenile(s). I have [If no relatives located, list at least 3 items from the UTL checklist which you have completed to locate relatives. If relatives have been located, list the relative names, phone number, address, if they passed background checks, and any other information about their home and appropriateness of contact, family time with, transportation and placement of the juvenile(s).]

9. The Department has the following history with the family: [list all reports accepted (do not list screened out reports) by the hotline. Also list the disposition of the investigation (true or unfounded), the safety and risk assessment indications, cases opened, and list all services provided to the family during the investigation and associated case, see example below

   3/16/17   Threat of Harm, True finding, safe with a plan, moderate risk, PS case
                  opened 4/16-6/16/17, anger management, parenting, IFS services]

10. The basic factual grounds upon which the Department bases its petition are: [List what happened in a clear narrative format. List in chronological order the facts that caused you to have worries about the safety of the juvenile. Write the story so that those who have no background with the family can make sense of what happened. Describe safety threats identified. I.E. mom's drug use (a risk factor) caused her to pass out and she was unable to wake up to answer the phone when the school began calling her to pick up the 5-year-old juvenile. The juvenile had been left at school for over an hour before the school sent someone to the home and mom couldn't be awaked by the knocking on the door (safety threat).]

11. [Select *one* of the following based on the type of petition being filed:]

A. [Immediate Safety Plan under ACT 963] On DATE I assessed the health and safety of the juvenile(s) and determined that the juvenile could not safely remain in the care, custody, or control of NAME without an immediate safety plan. The Department implemented an immediate safety plan on DATE to address the juvenile's safety by PLAN REQUIREMENTS. The Department offered services to address the juvenile's safety including LIST SERVICES. On DATE, I re-assessed the health and safety of the juvenile(s) and determined that the juvenile(s) remained at substantial risk of harm.

B. [30-day petition] The Juvenile should remain in the custody of NAME pending further hearings in this matter.

C. [Less than Custody] The juvenile(s) should remain in the custody of NAME, with safeguards to ensure the protection of the juvenile(s) because, as described above, the juvenile's health AND/OR physical well-being IS/ARE in immediate danger. Specifically, the Court should LIST SAFEGUARDS.

D. [Removal] The juvenile(s) was removed from the physical custody of NAME and the legal custody of NAME on DATE at TIME because circumstances or conditions of CAREGIVER present an immediate danger to the health or physical well-being of the juvenile(s). The following safety threats were identified and considered in making the decision to remove the juvenile(s): [list each safety threat considered on an individual line].

   [Select ONE of the following two paragraphs]
   The reasonable efforts made on the part of the Department to prevent removal of the juvenile(s) from HIS/HER home are [list all services provided and interventions attempted, such as TDM, immediate safety planning, DR cases]. These services did not prevent removal because REASONS.

   [Or]
   An emergency existed and services could not be provided to prevent removal because [state what emergency was and how it prevented services being put in place to keep the juvenile(s) safely in the home/why couldn't the Department create an Immediate Safety Plan with the family?].

12. The juvenile's health and safety are in danger due to the allegations. Given the facts of the situation and the history of this family, the juvenile should [remain in the custody of NAME *or* be placed in the custody of NAME *or* remain in the custody of Arkansas Department of Human Services] pending further hearings on this matter.

13. The Department reserves the right to present additional evidence of dependency/neglect to the Court, which may become known to it through further investigation.

Further Affiant sayeth not.

_____
Affiant,
(Your Name), Family Service Worker

VERIFICATION

On this day, the above Affiant came before me stating on oath that the facts contained in the foregoing affidavit and petition are true and correct to the best of the petitioner's knowledge, information and belief.

State of Arkansas, County of _____. Subscribed and Sworn to me on

this _____day of _____, 2022.

_____
NOTARY PUBLIC ARKANSAS

MY COMMISSION EXPIRES:

_____

Directions for Completing the Affidavit Template

1) Replace all xxxxx with the appropriate County.
2) Speak with your OCC attorney about information pertaining to appropriateness of unsupervised visitation/placement with parents, non-custodial parents, identified relatives and fictive kin. Put information gathered in the affidavit or provide it to the OCC attorney as directed by the attorney.
3) Remove all information in [ ] with consideration given to information that should be added to replace the bracketed information as appropriate.
4) Replace all words printed in all caps with the correct information.
5) Note sections with *and/or* and remove unnecessary sections of information before or after the identifier.
6) Under #9: list all reports accepted (do not list screened out reports) by the hotline. Also list the disposition of the investigation (true or unfounded), the safety and risk assessment indications, cases opened, and list all services provided to the family during the dr, investigation, and associated case(s)
7) Under #11, select one of four letters, A, B, C or D. Delete the other three options and follow the directions above for modification of the remainder of the selected option.
8) Under the signature line, remove the (your name) and replace it with the correct spelling of your typed name.
9) Delete the directions page from the affidavit.