

NOTICE TO PARENTS/GUARDIANS/LEGAL CUSTODIANS

A date and time for an arraignment hearing is normally set at this shelter hearing. If one is not set or if there are questions, you should contact the Juvenile Clerk's Office at _____.

A copy of the Petition for dependency will be given to you or your attorney, if you have one. A copy will also be available in the clerk's office. You have a right to have an attorney represent you at this hearing and during the dependency proceedings and an attorney will be appointed for you if you request an attorney and the court finds that you are unable to afford an attorney.

**If you are a person with a disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact _____
(name, address, telephone)**

within two working days of your receipt of this summons. If you are hearing or voice impaired, call 711.

**IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA
JUVENILE DIVISION**

IN THE INTEREST OF:

CASE NO.:

DOB:

Child(ren)

_____ /

DEPENDENCY SHELTER PETITION

**PARENTS OR LEGAL CUSTODIAN(S), UPON SERVICE OF THIS
PETITION, YOU ARE HEREBY ADVISED OF YOUR RIGHT TO OBTAIN YOU
OWN ATTORNEY FOR THE SHELTER/ARRAIGNMENT HEARING AND ALL
SUBSEQUENT HEARINGS AND OF YOUR RIGHT TO REQUEST THE
COURT TO APPOINT AN ATTORNEY IF YOU CANNOT AFFORD AN
ATTORNEY TO REPRESENT YOU. THIS RIGHT CONTINUES AT EACH AND
EVERY STAGE OF A DEPENDENCY PROCEEDING, EVEN IF YOU HAVE
PREVIOUSLY WAIVED THIS RIGHT.**

Your Petitioner, the Department of Children and Family Services (Department) requests an Order of Shelter and states as follows:

1. **Children:** The following named children are believed to be of an age subject to the juvenile jurisdiction of the Circuit Court and the rules covering its procedures:

Name:	Race/Sex:	Date of Birth:	Ages:
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2. **Parents:** The parent(s) of the child(ren) are as follows:

Mother's Name: _____

Address: _____

Father's name: _____

Address: _____

3. **Notice to Parents of Shelter Hearing:**

_____ Notice of the time and place of the shelter hearing was provided to the following parents:

_____ Mother _____ In Person, _____ By Phone, Other: _____

_____ Father _____ (Name)
_____ In Person, _____ By Phone, Other: _____

_____ Father _____ (Name)
_____ In Person, _____ By Phone, Other: _____

_____ No notice of the time and place of the shelter hearing was provided to the following parents:

_____ Mother Reason: _____

_____ Father _____ (Name)
Reason: _____

_____ Father _____ (Name)
Reason: _____

4. The child(ren) was/were taken into protective custody at _____

_____ M (time) on _____ (date), in _____,

County, Florida, by _____, is/are
(Print CPI Name)

5. **Probable Cause for Removal:** Probable cause exists and placement in shelter care is in the best interest of the child(ren) because the child(ren):

_____ has/have been abused, abandoned, or neglected or is/are in imminent danger of illness or injury as a result of abuse, abandonment, or neglect;

_____ was/were with a parent or legal custodian who has materially violated a condition of placement imposed by the court;

_____ has/have no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.

The specific grounds for removal are as follows:

6. **Reasonable Efforts:**

The Department of Children and Family Services made the following reasonable efforts to prevent or eliminate the need to remove the child(ren) from the home:

Any specific services, if available, which could prevent or eliminate the need for removal or continued removal from the home are as follows: _____ None OR

Service: _____ Date available: _____

Service: _____ Date available: _____

Service: _____ Date available: _____

The provision of appropriate and available services will not eliminate the need for placement of the child(ren) in shelter care because:

_____ an emergency existed in which the child(ren) could not safely remain in the home;

_____ the home situation presents a substantial and immediate danger to the child(ren) which cannot be mitigated by the provision of preventive services;

_____ the child(ren) could not be protected in the home despite the provision of the following services and efforts made by the Department of Children and Family Services to prevent or eliminate the need for placement in shelter;

_____ the child(ren) cannot safely remain at home because there are no preventive services that can ensure the safety of the child(ren).

In addition, services are not available to prevent or eliminate the need for removal or continued removal because: _____

7. **Contrary to Welfare:** Continuation of the child(ren) in the home is contrary to the welfare of the child(ren) because:

_____ The home situation presents a substantial immediate danger to the child(ren) which cannot be mitigated by the provision of preventive services because:

_____ The child(ren) cannot safely remain at home, either because there are not any preventive services that can ensure the safety of the child(ren), or because even with appropriate and available services being provided, the safety of the child(ren) cannot be ensured.

8. **Placement:** The Department recommends the following placement:

_____ The Department with the Department having the discretion to shelter the child(ren) with a relative or other responsible adult on completion of a positive home study, abuse registry, and criminal background checks.

_____ In the temporary legal custody of _____.

9. **Medications:** The child has a prescription for the following psychotropic medication: _____.

The DCF/CBC requests continuation of the psychotropic medication.

The Department of Children and Family Services and the CBC Agencies request authorization to obtain routine medical services for the child(ren) as needed and to obtain records and information so that a Behavioral Health Assessment may be conducted.

10. **Indian Child Welfare Act. (ICWA):**

_____ The child is subject to ICWA

_____ The child is subject to ICWA

If ICWA applies, the Department has made an inquiry of the appropriate tribe pursuant to ICWA. _____ (Name of Tribe)

11. **Child Support:** In accordance with Section 39.402(11), F.S., the Court is requested to order a fee for each child for each day the child(ren) is/are in shelter care and to require the parents to provide the Department or its contract provider with financial information to access child support within 28 days after the enter of the shelter order.

12. **Visitation Plan:** The Department requests that visitation with the parents occur as follows:

Mother:

_____ Supervised visitation with the child(ren). The visitation shall be supervised at all time by the Department or an adult approved b the Department. The visitation shall occur at the Department's office, a supervised visitation center, or another

place agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: _____

Length of visit: _____

Day & time of Visit: _____

_____ Unsupervised visitation on a schedule agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: _____

Length of visit: _____

Day & Time of Visit: _____

_____ Visitation with the mother is in the best interest of the child(ren) and shall commence within 72 hours of the date of this order.

_____ Visitation with the mother is in the best interest of the child(ren), however, shall not commence within 72 hours but by _____, because:

_____ No contact. Visitation with the mother is not in the best interest of the child(ren) as follows:

Father _____(Name)

_____ Supervised visitation with the child(ren). The visitation shall be supervised at all times by the Department or an adult approved by the Department. The visitation shall occur at the Department's office, a supervised visitation center, or another place agreed by the parties. The Day and time of the visit may change as agreed to by the parties.

Visits per month: _____

Length of visit: _____

Day & Time of Visit: _____

_____ Unsupervised visitation on a schedule agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: _____

Length of visit: _____

Day & Time of Visit: _____

_____ Visitation with the above father is in the best interest of the child(ren) and shall commence within 72 hours of the date of this order.

_____ Visitation with the father is in the best interest of the child(ren), however, shall not commence within 72 hours but by _____, because:

_____ No contact. Visitation with the father is not in the best interest of the child(ren) as follows: _____

13. The Department seeks authorization to complete a comprehensive behavioral assessment on each child in this Petition. The Department requests that the Court authorize that a copy of the comprehensive assessment be provided to the Court, the Department, _____ (Insert name of contract provider) the parent's attorney, and the Guardian Ad Litem.

14. The Department of Children and Family Services request the appointment of a Guardian Ad Litem.

PETITIONER

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared the above petitioner, on this _____ day of _____, 200____, first being duly sworn, deposes and says: that (s) he has read the same, knows the contents thereof, and that the same is true and correct.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 200____.

NOTARY PUBLIC

NOTARY PUBLIC (Print Name)

My Commission Expires

Personally known _____ or produced identification _____

Type of identification produced, _____.

**IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA
JUVENILE DIVISION**

IN THE INTEREST OF:

CASE NO.:

DOB:

Child(ren)

_____ /

DEPENDENCY SHELTER ORDER

THIS CAUSE came before the Court upon the sworn petition filed by the Department of Children and Family Services (Department). The Court having reviewed its file and having been otherwise duly advised in the premises finds as follows:

1. **Persons Present:**

- Attorney for the Department: _____
- Child Welfare Case Manager: _____
- Mother: _____
- Attorney for Mother: _____
- Father: _____
- Father: _____
- Attorney for Father: _____
- Attorney for Father of _____: _____
- Attorney for Guardian ad Litem: _____
- Guardian ad Litem: _____
- Attorney ad Litem: _____
- Legal Custodian: _____
- Other: _____

2. **Jurisdiction:** The above-named child(ren) was/were found within the jurisdiction of this Court and is/are of an age subject to the jurisdiction of this Court.

3. **Placement in Shelter:**

_____ On _____, 200__, at _____
a.m./p.m.the above child(ren) was/were taken into custody by the Department.

_____ The above-named child(ren) need(s) to be placed in shelter at the request of the Petitioner for the reasons stated in this order.

4. **Notification:** _____ Mother, _____ Father: _____, were:

_____ duly notified that the child(ren) was/were taken into custody;

_____ duly notified to be present at this hearing;

_____ served with a statement setting forth a summary of procedures involved in dependency cases;

5. **Inability to Notify:** The Peitioner has made a good faith effort to notify

and/or locate, but was unable to notify and/or locate: _____

(name).

6. **Right to Counsel:** The parents present were advised of their right have an

attorney represent them at the hearing and at all stages of the dependency proceedings.

The parents present:

_____ were represented by counsel _____(name)

_____ knowingly, voluntarily, and intelligently waived the right: or

_____ waived the right to counsel but the court declined to accept the waiver

because _____

_____ requested appointment of counsel, but the court declined appointment because he/she did not qualify as indigent.

_____ requested appointment of counsel and counsel was appointed.

The parent(s), guardian(s), or other legal custodian(s) is/are hereby informed of their right to be represented by an attorney at each stage of the dependency proceedings and of the right of an indigent person to be represented by court appointed counsel.

7. **Grounds for Removal:**

_____ There is probable cause that reasonable grounds for removal exist, the provision of appropriate and available services will not eliminate the need for placement, the child(ren) are dependent, and shelter care is necessary and in the best interest of the child(ren) because:

_____ The child(ren) has/have been abused, abandoned, or neglected or is/are in imminent danger of illness or injury as a result of abuse, abandonment, or neglect;

_____ The parent or legal custodian has materially violated a condition of placement imposed by the court;

_____ The child(ren) has/have no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.

_____ A finding of probable cause cannot be made at this time and the Court requires additional information to determine the risk to the child(ren). The following information must be provided to the Court during the continuation of this hearing

_____ (information to be provided). This hearing is continued for 72 hours, until _____ (date/time). The children will remain in shelter care pending the continued hearing.

8. **Contrary to Welfare:** Continuation of the child(ren) in the home would be contrary to the welfare of the child(ren) because the home situation presents a substantial and immediate danger to the child(ren)'s physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services as follows:

9. Reasonable Efforts:

The Department of Children and Family Services has made reasonable efforts to prevent or eliminate the need to remove the child(ren) from the home as follows:

Any specific services, if available, which could prevent or eliminate the need for removal or continued removal from the home are as follows: _____ None OR

- | | |
|----------------|-----------------------|
| Service: _____ | Date available: _____ |
| Service: _____ | Date available: _____ |
| Service: _____ | Date available: _____ |

The Department is deemed to have made reasonable efforts to prevent or eliminate the need for removal of the Chil(ren) and the provision of appropriate and available services will not eliminate the need for placement of the child(ren) in shelter care because:

- _____ an emergency existed in which the child(ren) could not safely remain in the home;
- _____ the home situation presents a substantial and immediate danger to the child(ren)'s physical, mental, or emotional health or safety which cannot be mitigated by the provision of preventive services;
- _____ the child(ren) cannot safely remain in the home because there are no preventative services that can ensure the health and safety of the child(ren);

_____ even with appropriate and available services being provided, the health and safety of the child(ren) cannot be ensured;

_____ the parent or legal custodian is alleged to have committed any of the acts listed as grounds for expedited termination of parental rights in F.S. 39.806(1)(f)-(i).

In addition, services are not available to prevent or eliminate the need for removal or continued removal because:

It is **ORDERED AND ADJUDGED** as follows:

A. **Placement:** The child(ren) shall remain/be placed in the shelter custody of:

G the Department, and the Department has the discretion to shelter the child(ren) with a relative or other responsible adult on completion of a positive home study, abuse registry, and criminal background checks.

G Other: _____

B. **Potential Relative Placements:** At the shelter hearing, the Court inquired whether the parent(s) has/have relatives who might be considered as a placement for the child. The Court orders the parent(s) to provide to the Court and all parties the identification and location information of the relatives. The parent(s) has/have a continuing duty to notify the Department of any relative who should be considered for placement of the child(ren).

C. **Visitation:** The frequency and nature of visitation or contact between the child(ren) and the parents is as follows:

Mother:

G Supervised visitation with the children. The visitation shall be supervised at all times by the permanent guardian or an adult approved by the Department. The visitation shall occur on a schedule agreed by the parties and at a place agreed by the parties. The frequency of the visitation shall be:

G Unsupervised visitation with the children. The frequency of the visitation shall be:

G No contact. Reason:

G Other conditions:

Father: _____

G Supervised visitation with the children. The visitation shall be supervised at all times by the permanent guardian or an adult approved by the Department. The visitation shall occur on a schedule agreed by the parties and at a place agreed by the parties. The frequency of the visitation shall be:

G Unsupervised visitation with the children. The frequency of the visitation shall be:

G No contact. Reason:

G Other conditions:

D. **Travel:** The Department is authorized to permit the adult custodian(s) permission to take the child(ren) to another county within the State of Florida for no longer than seven (7) days and the adult custodian(s) is/are authorized through the Department to authorize emergency medical, surgical, and psychological/psychiatric evaluations and treatment of the child(ren), if necessary, during any said trip. No person shall remove the child(ren) from the State of Florida without a Court Order. The adult custodian(s) must notify the DCF or its contract provider in writing of their travel plans.

E. **Support:** The parent(s), guardian(s), or other legal custodian(s) of the child(ren) shall pay to the Department a fee for the child(ren)'s care, support and maintenance pursuant to Florida Statute 39.402(11) so long as the child(ren) remain in shelter care.

F. **Medical Consent:** When a parent, legal custodian, or legal guardian is/is not available to consent to medical care, notwithstanding a reasonable effort to obtain such consent, a legal custodian appointed in these proceedings, or in the absence of such a legal custodian, the Department, its Community Based Care contracted agents, including shelter/foster parents, or the person primarily responsible for the care management of the child(ren), is hereby authorized to consent to the ordinary and necessary medical, dental, and psychological examination and treatment of the child, including blood testing, preventative care, ordinary immunizations, tuberculin testing and well-child care without further court order. Surgery, general anesthesia, provision of psychotropic medications, or other extraordinary medical procedures shall require a separate court order. Providers and facilities may require identification and a signature to ensure compliance with applicable state and federal law.

_____ The DCF/CBC is authorized to continue administering the child(ren)'s psychotropic medication. Absent the parent's authorization to continue psychotropic medications, said medications shall continue until or unless changed by the child(ren)'s physician for 28 days or until the arraignment, which ever is sooner.

G. **Child(ren)'s Records:** The Department, its authorized agent/authorized designee, and/or agency responsible for providing services to this family is hereby authorized to obtain records regarding the above-named child(ren)'s medical, behavioral health and educational background so that a Comprehensive Behavioral Health Assessment may be conducted for the purposes of accomplishing permanency planning for the above-named child(ren). Any and all medial, behavioral health and educational records pertaining to the child(ren) shall be released to the Department, its authorized agent/authorized designee, and/or the agency responsible for providing services to this family so that a Comprehensive Behavioral Health Assessment may be conducted for the above-named child(ren). The Department of Children and Families is authorized to conduct a comprehensive behavioral assessment as defined in 39.01(17), Florida Statutes.

H. **Medical Information and Records:** The parents, legal custodians, legal guardians, or other caregivers, as applicable, shall provide the Department with all known information on the medical care and history of the child(ren), including the names of all current and former medical providers of the child(ren), within 24 hours of this order, and shall execute appropriate authorizations to release the child's medical information and records. Upon presentation of a copy of this order, a legal custodian appointed in these proceedings, or in the absence of such a legal custodian, the

Department, its community Based Care contracted agents, including shelter/foster parents, or the person primarily responsible for the case management of the child(ren), is hereby authorized to obtain copies of the child(ren)'s medical records from any entity, including but not limited to, public and private health care providers and facilities, and may execute appropriate authorizations to release the child(ren)'s medical information and records. Providers and facilities may require identification and signature to ensure compliance with state and federal medical records laws.

I. **Indian Child Welfare Act (ICWA):** Inquiry has been made pursuant to ICWA. The appropriate tribe _____ (name of tribe) has been notified.

J. **Permanent Mailing Address:** The parties have provided the court with a permanent mailing address and said address will be used by the court and the petitioner for notice purposes unless and until the party notifies the court and the petitioner in writing of a new mailing address pursuant to F.S. 39.402.

K. **Case Plan Conference:** The case plan conference is scheduled for _____ (date), at _____ M (time) at _____ (place/address/phone)

L. **Notice of Arraignment:** The arraignment hearing; approval of case plan; and shelter/permanency review hearing are scheduled for _____ (date), at _____ M (time) as required by law. **FAILURE TO APPEAR AT THE ARRAIGNMENT HEARING CONSTITUTES CONSENT TO THE ADJUDICATION OF THE CHILD(REN) AS DEPENDENT CHILD(REN) AND**

**MAY ULTIMATELY RESULT IN LOSS OF CUSTODY OF THE CHILD(REN)
AND PERMANENT DEPRIVATION OF PARENTAL RIGHTS.**

N. **Notice of Initial Judicial Review:** This cause shall be judicially reviewed on _____ (date), at _____ M (time) as required by law.

O. **Notice of Shelter Review Hearing:** A shelter review hearing is scheduled for _____ (date), at _____ M (time) before the juvenile court judge.

P. The Court has advised the parent(s), if they fail to substantially comply with the case plan, their parental rights may be terminated and the child's out-of-home placement may become permanent.

Q. Other: _____

R. **The custodian(s) of any child subject to the jurisdiction of this court is/are hereby directed to notify local law enforcement, the Department of Children and Families, and the CBC Agencies immediately at any time that the child(ren) is/are determined to be missing or that the child/children's whereabouts are unknown.**

_____ **Denial of Shelter Petition.** The Department's petition is denied without prejudice and the Department is ordered to return the above-named child(ren) to the parent(s)/legal custodian(s) forthwith. The Court finds that the reason for removal of the

child(ren) have been or can be remedied to the extent that the safety and well being of the child(ren) will not be endangered. Specifically the Court finds:

DONE AND ORDERED this _____ day of _____, _____.

CIRCUIT JUDGE

Copies to: CWLS Attorneys
Attorney for Mother
Attorney for Father
CPI
GAL
Rev Max