

**LEGAL ACTION REQUEST  
ROCKDALE COUNTY**

*Please understand. The information on these sheets will be used to prepare the current document(s). If this information is not correct, the documents, service, etc. will not be correct. If you don't have the information or do not know, enter "unknown;" I need to know what you do not know. When served with a subpoena, you can omit most of this form. Remember, it is not an absolute requirement that I have all the information nor does the lack of a place for information in the form mean that I do not need the information.*

Type of Request:	Date of Request:
Dependency Removal Order ( )	
Initial Dependency Petition ( )	
Contempt ( )	
Supplemental Order to Incorporating C.P. ( )	
Motion to return to parent/custodian ( )	
Motion to Modify Previous Order ( )	Date of order: _____
Motion to be Relieved of Custody ( )	
Motion for Non-Reunification ( )	
Termination of Parental Rights ( )	
Post Termination 6 Month Review ( )	Last review: _____
Motion for Judicial Review ( )	Last review: _____
Response to Subpoena ( )	(Attach copy of subpoena, note method of service)
Other (Explain) ( )	_____

Please indicate dates that you are **not** available for Court & dates that you know of that necessary witnesses will not be available:

Emergency Case?  
If yes, why?

Case Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

In the interest of: <b><u>FULL</u> NAME:</b>	SEX	AGE	DOB	RACE

**Dependency:**

Said child is a dependent child in that said child has been abandoned, physically abused, exposed to family violence, emotionally abused, sexually abused or exploited, prenatally abused, or neglected in that said custodian of the child has failed to provide proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental or emotional health or morals by failure to provide the child with adequate supervision necessary for such child's well-being or by abandonment of the child.

**Details of Allegations of Abuse:** (as to Mothers, legal Fathers & legal Custodians) See List with Definitions below:

Physical abuse; (any non-accidental physical injury or physical injury which is inconsistent with the explanation given for it suffered by a child as the result of the acts or omissions of a person responsible for the care of the child)

Family violence; (commission of an act of family violence in the presence of a child that the child could see or hear)

Emotional abuse; (acts or omissions by a person responsible for the care of a child that cause any mental injury to such child's intellectual or psychological capacity as evidenced by a observable and significant impairment in such child's ability to function within a child's normal range of performance and behaviors or that create a substantial risk of impairment [must be diagnosed and confirmed by an expert])

Neglect; (failure to provide proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental or emotional health or morals. Failure to provide a child with adequate supervision necessary for such child's well-being or abandonment of the child)

**Substance Abuse** - excessive use of or history of chronic un-rehabilitated substance abuse with the effect of rendering a parent of such child incapable of providing the above adequately, thus neglect.

**Disability** – a medically verified deficiency of such parent's physical, mental, or emotional health that is of such duration or nature so as to render such parent unable to provide adequately.

**Support** – failure to provide for the care and support plus failure to comply with case plan.

**Identify Dependency as to the Mother:**

**Identify Dependency as to Putative/Biological Fathers:**

**Reasonable Efforts:**

Efforts taken to prevent the child(ren) from coming into care such as services provided or offered to the family (If reasonable efforts were not provided or not required, please state the reason(s):

**Don't just use the last known addresses in the file. Verify that these are correct now!!! & complete.**

Child's name:

Address:

DOB:

Child/ren live/s with: \_\_\_\_\_; Relationship \_\_\_\_\_ Phone:

Mother's name:

(Put mother's maiden name in parenthesis; indicate if it is same as last name)

Mother's address:

Phone:

Email:

Mother's SS #

DOB:

Marital status:

Spouse's name:

STATE FOR EACH CHILD:

Child's Name:

**(Circle one)** Putative/Biological/Legal Father of:

Father's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's address: \_\_\_\_\_

Email: \_\_\_\_\_

Father's SS #: \_\_\_\_\_



**Please Attached as PDF to the email:** Copies of all previous petitions, orders, any external documents (such as 911 call logs, Law Enforcement incident reports, evaluations), etc. concerning this family unless you know that we have already.

**Details of prior CPS history:**

**List of witnesses:** (State addresses, telephone number & a summary of testimony to be given by each witness. If you don't provide, you will be the only witness.)

Name:

Address:

Phone:

What you expect the witness to say (if not already included):

Name:

Address:

Phone:

What you expect the witness to say (if not already included):

Name:

Address:

Phone:

What you expect the witness to say (if not already included):