**Superior Court of Washington, County of**

**Juvenile Court**

|  |  |
| --- | --- |
| Dependency of:D.O.B.:  | **No**: **Motion for Order to Take Child Into Custody****(MT)** |

**I. Motion**

The undersigned ***moves*** the court for an order to take the above-named child into custody based upon the declaration that follows.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Petitioner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type or Print Name/Title WSBA No.

**II. Declaration**

**2.1** A petition has been filed with the Juvenile Court with sufficient corroborating evidence showing the child is dependent and that removal of the child is necessary to prevent imminent physical harm due to child abuse or neglect.

**2.2** There are reasonable grounds to believe that the child is dependent and removal of the child is necessary to prevent imminent physical harm due to child abuse or neglect based upon the following facts:

(Continue on separate declaration if necessary.)

**2.3** [ ] There are extraordinary circumstances that prevent visitation between [ ] Parent 1
[ ] Parent 2 and the child within the first 72 hours from the child being delivered into custody of DCYF based on the following facts:

**2.4** [ ] Parent 1 [ ] Parent 2 should be prohibited from attending the child’s medical and dental appointments pending the 72 hour shelter care hearing based on the following facts:

**2.5** **Child’s** **Indian Status:**

[ ] There is not a reason to know the child is or may be an Indian child. This paragraph does not apply.

[ ] There is a reason to know the child is or may be an Indian child.

[  ] DCYF has made or initiated the following active efforts to prevent the breakup of the Indian family:

[  ] Emergency removal or placement is necessary to prevent imminent physical damage or physical harm to the child:

**2.6** **Service**

[ ] There was insufficient time to serve [ ] Parent 1 [ ] Parent 2 with the *Dependency Petition* and hold a hearing prior to the child’s removal based on the following factual information:

I declare under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*City*), Washington on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Date*).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_