DHHS REQUEST FOR ACTION

PARENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **MOTHER’S** FULL NAME |       |       |       |

 First Name Middle Name Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOB |       |  | SSN |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |       |       |       |       |       |

 House Number, Apt # Street City State Zip Code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone # Home | (   )       | Cell | (   )       | Work | (   )       |
| Email Address |       |  |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **MOTHER’S** FULL NAME |       |       |       |

 First Name Middle Name Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOB |       |  | SSN |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |       |       |       |       |       |

 House Number, Apt # Street City State Zip Code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone # Home | (   )       | Cell | (   )       | Work | (   )       |
| Email Address |       |  |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **FATHER’S** FULL NAME |       |       |       |

 First Name Middle Name Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOB |       |  | SSN |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |       |       |       |       |       |

 House Number, Apt # Street City State Zip Code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone # Home | (   )       | Cell | (   )       | Work | (   )       |
| Email Address |       |  |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **FATHER’S** FULL NAME |       |       |       |

 First Name Middle Name Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOB |       |  | SSN |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |       |       |       |       |       |

 House Number, Apt # Street City State Zip Code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone # Home | (   )       | Cell | (   )       | Work | (   )       |
| Email Address |       |  |  |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **FATHER’S** FULL NAME |       |       |       |

 First Name Middle Name Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOB |       |  | SSN |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |       |       |       |       |       |

 House Number, Apt # Street City State Zip Code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone # Home | (   )       | Cell | (   )       | Work | (   )       |
| Email Address |       |  |  |       |

**Child(ren) Information**

|  |  |  |
| --- | --- | --- |
| Child Name:       |       |       |

 First Middle Last

|  |  |  |  |
| --- | --- | --- | --- |
| DOB       | SSN       | Male [ ]  | Female [ ]  |

|  |  |  |
| --- | --- | --- |
| Mother’s Name:       | Biological [ ]  | Legal [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name:       | Biological [ ]  | Legal [ ]  | Putative [ ]  |

|  |
| --- |
| Guardian(s):       |

|  |  |  |
| --- | --- | --- |
| Child Name:       |       |       |

 First Middle Last

|  |  |  |  |
| --- | --- | --- | --- |
| DOB       | SSN       | Male [ ]  | Female [ ]  |

|  |  |  |
| --- | --- | --- |
| Mother’s Name:       | Biological [ ]  | Legal [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name:       | Biological [ ]  | Legal [ ]  | Putative [ ]  |

|  |
| --- |
| Guardian(s):       |

|  |  |  |
| --- | --- | --- |
| Child Name:       |       |       |

 First Middle Last

|  |  |  |  |
| --- | --- | --- | --- |
| DOB       | SSN       | Male [ ]  | Female [ ]  |

|  |  |  |
| --- | --- | --- |
| Mother’s Name:       | Biological [ ]  | Legal [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name:       | Biological [ ]  | Legal [ ]  | Putative [ ]  |

|  |
| --- |
| Guardian(s):       |

|  |  |  |
| --- | --- | --- |
| Child Name:       |       |       |

 First Middle Last

|  |  |  |  |
| --- | --- | --- | --- |
| DOB       | SSN       | Male [ ]  | Female [ ]  |

|  |  |  |
| --- | --- | --- |
| Mother’s Name:       | Biological [ ]  | Legal [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Father’s Name:       | Biological [ ]  | Legal [ ]  | Putative [ ]  |

|  |
| --- |
| Guardian(s):       |

|  |  |  |  |
| --- | --- | --- | --- |
| **CARETAKER’S** FULL NAME |       |       |       |

 First Name Middle Name Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DOB |       |  | SSN |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Address |       |       |       |       |       |

 House Number, Apt # Street City State Zip Code

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone # Home | (   )       | Cell | (   )       | Work | (   )       |

**DATE OF REMOVAL: ­­­­­­­­­­­­­­­­**

**IS AN INTERPRETER NEEDED?**       **if yes, what language?**

**WHO APPROVED THIS ACTION FROM THE PCAO AND ON WHAT DATE: ­­­­­­­­­­­­­­­­­­**

**DHHS Case Incident Number**

**Law Enforcement Agency and Case Number**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |       |       |  |
| **DHHS Worker**  |  **Cell Phone** | **Work Phone** | **Email** | **Date** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |       |       |  |
| **DHHS Supervisor**  | **Cell Phone** | **Work Phone** | **Email** | **Date** |

* **When seeking action from the County Attorney’s Office, please submit this form and a detailed CINA or Removal Affidavit with facts supporting the request. You must have supervisor approval before submitting these forms to the County Attorney’s Office.**