IN THE IOWA DISTRICT COURT FOR POLK COUNTY

JUVENILE DIVISION

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| **IN THE INTEREST OF** **,****CHILD(REN)** | NO. JVJV\_\_\_\_\_\_\_\_\_\_\_\_CONSENT TO TEMPORARY REMOVAL |

**THE UNDERSIGNED** consent(s) to the temporary removal of the above-named child(ren) and stipulates as follows:

1. The Iowa Department of Health and Human Services (hereinafter the Department or “HHS”) believes the removal is necessary to avoid imminent danger to life or health of the above-named child(ren)
2. The undersigned has been/will be served with a petition alleging the child(ren) to be in need of assistance within the meaning of Iowa Code Section 232.96A.
3. The specific allegations supporting the need for removal are: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. The undersigned understands that a permanent consequence of removal may include the termination of my parental rights.
2. The undersigned has been informed of the right to request a hearing concerning the temporary removal of the above-named child(ren) and the right to counsel, which shall be appointed to me if I am financially unable to retain counsel.
3. Reasonable efforts were made to eliminate or prevent the need for removal, including **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
4. Continued placement of the child(ren) in the home would be contrary to the child(ren)’s welfare due to **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. The Department believes that substantial evidence exists to demonstrate that the need for immediate removal outweighs the potential harm the removal may cause the child(ren), including but not limited to any physical, emotional, social, and mental trauma.
2. Inquiry regarding Native American heritage has been made and the parents report the following:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Parent, Guardian or Custodian Date

Parent, Guardian or Custodian Date

Parent, Guardian or Custodian Date

Witness/HHS Date