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.**