IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT

IN AND FOR MARION COUNTY, FLORIDA

# JUVENILE DIVISION

**CASE NO.: 42-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN THE INTEREST OF:**

**(F/M) DOB:**

**(F/M) DOB:**

**(F/M) DOB:**

**(F/M) DOB:**

**Minor Child(ren)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/**

## AFFIDAVIT AND PETITION FOR PLACEMENT IN SHELTER CARE

**COMES NOW** the State of Florida through the Department of Children and Family Services (Department), pursuant to Chapter 39, *Florida Statutes*, and alleges the Court has jurisdiction of this cause because of the following allegations of facts:

1. **JURISDICTION:** The child(ren) was/were found within the jurisdiction of this Court.

2. **PLACEMENT IN SHELTER CARE:**

[ ]  The following authorized agent of the Department took the child(ren) into custody:

 **Name of Authorized Agent Date removed Time of removal**

[ ]  Prior to taking into custody, the Department is requesting this Court order that the child(ren) be taken into protective custody.

3. **NAME, AGE AND RESIDENCE OF CHILD(REN):** The name, age, and residence of each child is as follows:

### Name Birthdate Gender Address

4. **NAME AND ADDRESS OF PARENTS/CUSTODIANS:** The name, relationship to the child(ren) and address of the child(ren)’s parents or other legal custodian(s) is/are:

**Name Relationship Address**

5. **NOTIFICATION OF PARENTS/CUSTODIANS:**

The following individuals who were listed in #4 above have been notified in the following manner of the date, time, and location of this hearing:

**Name Manner Notified**

The following individuals who were listed in #4 above have not been notified of this hearing:

**Name Reason**

1. **INDIAN CHILD WELFARE ACT (ICWA).**

[ ]  The child, , is not eligible for registration in any recognized American Indian Tribe.

[ ]  The child, , is or eligible for registration in the following recognized American Indian Tribe**:**

[ ]  The child, , is or eligible for registration in the following recognized American Indian Tribe:

[ ]  The child, , is or eligible for registration in the following recognized American Indian Tribe:

1. **PSYCHOTROPIC MEDICATION:**

[ ]  The child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is/is not currently receiving psychotropic medication, to-wit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Parental consent has/has not been obtained to continue administering the child , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, psychotropic medication.

[ ]  The Department of Children and Family Services made the following efforts to obtain parental consent.

 a.

 b.

 c.

[ ]  The Department of Children and Family Services **has/has not** taken possession of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, medication. (if taken)The medication is a current prescription and the medication is in the original container.

[ ]  The Department of Children and Family Services **has/has not** notified the child’s parent/legal guardian that the child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is being provided the following medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  The following efforts were made to notify the parents that the child is continuing to receive psychotropic medication.

 a.

 b.

 c.

[ ]  The Department of Children and Family Services requests authorization to continue to administer the child’s psychotropic medication for a period of 28 days or until the arraignment hearing on the Petition for Dependency which ever is sooner based upon the following facts:

1. **MEDICATION:**

[ ]  The child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is currently receiving medication, to-wit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Parental consent

[ ]  has

[ ]  has not

been obtained to continue administering the following medication to the child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  The Department of Children and Family Services **has/has not** taken possession of the child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, medication.

[ ]  The Department of Children and Family Services **has/has not** notified the child’s parent/legal guardian that the child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is taking the following medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  The Department of Children and Family Services requests authorization to continue to administer the following medication to the child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **APPOINTMENT OF GUARDIAN AD LITEM:** The child(ren) need and the Department requests the appointment of a Guardian ad Litem.
2. **RELEASE OF CHILD(REN)’S MEDICAL RECORDS:**

[ ]  The parent(s) **have/have not**  consented to the release of the child(ren)’s medical records to the Court, the Department, the Kids Central, Inc., the Guardian ad Litem, and/or the attorney appointed for the child.

[ ]  The parent(s) have refused to consent to the release of the child(ren)’s medical records.

1. **RELEASE OF CHILD(REN)’S EDUCATION RECORDS:**

[ ]  The parent(s) **have/have not** consented to the release of the child(ren)’s educational records to the Court, the Department, the Kids Central, Inc., the Guardian ad Litem, and/or the attorney appointed for the child.

[ ]  The parent(s) have refused to consent to the release of the child(ren)’s educational records.

1. **SURROGATE PARENT:**

[ ]  The child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has or is suspected of having a disability as defined in *Fla. Stat.* §1003.01(3) and,

[ ]  No parent or legal guardian is available to serve as the educational decision maker for the child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pursuant to *Fla. Stat.* § 39.0016(3)(b) and,

[ ]  No Surrogate Parent has been appointed by the Marion County School Superintendent or any court.

13. **CHILD SUPPORT:** The child(ren) need(s) support.The Department requests that the parents or custodians, if able, be ordered to pay fees for the care, support, and maintenance of the child(ren) as established by the Department under chapter 39, Florida Statutes.

14. **REASONABLE EFFORTS:**

[ ]  The Department has made reasonable efforts to eliminate the need for removing the child(ren) from the home by providing the following services to the family, but those services were not successful as shown by the following facts:

[ ]  The provision of appropriate and available services will not eliminate the need for placement of the child in shelter care and/or the Department has made reasonable efforts to avoid removing the child from the home in that:

[ ]  a. The first contact with the Department occurred during an emergency;

[ ]  b. The appraisal of the home situation by the Department indicates a substantial and immediate danger to the child(ren), which cannot be mitigated by the provision of preventive services;

[ ]  c. The child(ren) cannot safely remain at home because no services exist that can ensure the safety of the child(ren);

[ ]  d. Even with appropriate services, the child(ren)’s safety cannot be ensured.

[ ]  The following services if available could prevent or eliminate the need for removal or continued removal of the child(ren). (Lists the services that this family needs)

 SERVICE Date expected to be available

 a.

 b.

 c.

[ ]  Preventative services are not available for the child(ren) for the following reasons:

 a.

 b.

 c.

15. **NEED FOR SHELTER PLACEMENT:** Within the intent and meaning of Chapter 39, *Florida Statutes*, probable cause exists to support reasonable grounds for removal of the child(ren) from the home and that the continuation of the child(ren) in the home is contrary to the welfare of the child(ren) because the home situation presents a substantial and immediate danger which cannot be mitigated by the provision of preventive services and placement is necessary to protect the child(ren) as shown by the following facts:

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

[ ]  The child(ren) was/were abused, abandoned, or neglected, or is/are suffering from or in imminent danger of illness or injury as a result of abuse, abandonment, or neglect, including prior history with the Department, as set forth above.

[ ]  The child(ren) was/were with a legal custodian who has materially violated a condition of placement imposed by the court, as set forth above.

[ ]  The child(ren) has/have no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, as set forth above.

16. **RELATIVES AVAILABLE FOR PLACEMENT.**

The parents have identified the following relatives who might be considered for placement:

Name of Relative Address

 a.

 b.

 c.

17. **VISITATION PLAN.** The Department requests that visitation with the parents occur as follows:

MOTHER:

[ ]  Supervised visitation with the child(ren). The visitation shall be supervised at all times by the Department or an adult approved by the Department. The visitation shall occur at the Department’s office, a supervised visitation center, or another place agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Unsupervised visitation on a schedule agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Visitation with the mother is in the best interest of the child(ren) and shall commence within 72 hours of the date of this order.

[ ]  Visitation with the mother is in the best interest of the child(ren); however, it shall not commence within 72 hours but by because:

[ ]  No contact. Visitation with the mother is not in the best interest of the child(ren) as follows:

THE FATHER :

[ ]  Supervised visitation with the child(ren). The visitation shall be supervised at all times by the Department or an adult approved by the Department. The visitation shall occur at the Department’s office, a supervised visitation center, or another place agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Unsupervised visitation on a schedule agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Visitation with the above father is in the best interest of the child(ren) and shall commence within 72 hours of the date of this order.

[ ]  Visitation with the above father is in the best interest of the child(ren); however, it shall not commence within 72 hours but by  because:

[ ]  No contact. Visitation with the above father is not in the best interest of the child(ren) as follows:

THE FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

[ ]  Supervised visitation with the child(ren). The visitation shall be supervised at all times by the Department or an adult approved by the Department. The visitation shall occur at the Department’s office, a supervised visitation center, or another place agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Unsupervised visitation on a schedule agreed by the parties. The day and time of the visit may change as agreed to by the parties.

Visits per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day and time of Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Visitation with the above father is in the best interest of the child(ren) and shall commence within 72 hours of the date of this order.

[ ]  Visitation with the above father is in the best interest of the child(ren); however, it shall not commence within 72 hours but by  because:

[ ]  No contact. Visitation with the above father is not in the best interest of the child(ren) as follows:

18. **UNIFORM CHILD CUSTODY JURISDICTION ENFORCEMENT ACT**: The petitioner is not aware of any other custody proceeding concerning the above child(ren) and is unaware of any other person, other than the parties to this proceeding, who claim visitation or custodial rights to the above child(ren).

EXCEPT as set forth

The name, date and place of birth, if known, are described above for the child(ren). The place of residence of the child and the name of the person with whom the child resided are known to the Petitioner to the extent set forth above.

This affidavit and petition is filed in good faith and under oath.

**WHEREFORE**, the Affiant requests that this Court order that the child(ren) be placed in the custody of:

[ ]  the Department of Children and Family Services;

[ ]  at the home of a responsible adult relative or non-relative,  , whose address and relationship to the child(ren) is as follows:

[ ]  a parent, , whose address is as follows: .

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Title

STATE OF FLORIDA

COUNTY OF MARION

BEFORE me, the undersigned authority, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is personally known or has provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as proof of identification and who, being sworn, says the above petition is filed in good faith and on information, knowledge and belief is true.

SWORN to and subscribed before me this day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2013.

**NOTARY PUBLIC**

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

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully Submitted,

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Children’s Legal Services

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

 Florida Bar No.:

# 1515 E. Silver Springs Blvd., Suite 107

Ocala, FL 34470

 Phone (352) 620-3550

Fax: (352) 620-7751

#### NOTICE TO PARENTS/GUARDIANS/LEGAL CUSTODIANS

 **A date and time for an arraignment hearing is normally set at this shelter hearing. If one is not set or if there are questions, you should contact the Juvenile Court Clerk’s office at (352) 620-3853. A copy of the Petition for Dependency will be given to you or to your attorney, if you have one. A copy will also be available in the clerk’s office.**

 **You have a right to have an attorney represent you at this hearing and during the dependency proceedings and an attorney will be appointed for you if you request an attorney and the Court finds that you are unable to afford an attorney.**

CERTIFICATE OF SERVICE

**I HEREBY CERTIFY** that a true and correct copy of the foregoing has been furnished to the below-named individuals on the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2013.

 CLS by [ ] Courthouse mailbox [ ] U.S. Mail

 X DCF/PI by [X] Courthouse mailbox [ ] U.S. Mail

 X Guardian Ad Litem Program by [X] Courthouse mailbox [ ] U.S. Mail

 X Kids Central Inc by [X] Courthouse mailbox [ ] U.S. Mail

 YFA/Adoptions [ ] Courthouse mailbox [ ] U.S. Mail

 Shannon Reynolds, Esquireby [ ] Courthouse mailbox [ ] U.S. Mail

 Carl New, Esquire by [ ] Courthouse mailbox [ ] U.S. Mail

 Brenda Smith, Esquire, by [ ] Courthouse mailbox [ ] U.S. Mail

 Michael Johnson, Esquire, [ ] Courthouse mailbox [ ] U.S. Mail

 Regional Counsel’s Office, [ ] Courthouse mailbox [ ] U.S. Mail

 Juan Lynum, [ ] Courthouse mailbox [ ] U.S. Mail

 Edward Abel, [ ] Courthouse mailbox [ ] U.S. Mail

 Michael Manning, [ ] U.S. Mail 407 Courthouse Square, Inverness FL 34450-4844

 Carol Volini, Esquire, [ ] Courthouse mailbox [ ] U.S. Mail

 Andy Cziotka, [ ] U.S. Mail 371 W. Alfred Street, Tavares FL 32778

 Miquell Mack, Esquire, [ ] U.S. Mail 151 SE 8th Street, Ocala FL 34471

 Sara Howeller, Esquire [ ] U.S. Mail 182 S. Central Avenue, Oviedo FL 32765

 Court Mediation Services by [ ] Courthouse mailbox [ ] U.S. Mail

 Dept of Revenue, Child Support Enforcement [ ] Courthouse mailbox [ ] U.S. Mail

 X Mother, by [X] U.S. Mail [ ]hand delivery

 X Father, by [X] U.S. Mail [ ] hand delivery

 Father, by [ ] U.S. Mail [ ] hand delivery

 Father, by [ ] U.S. Mail [ ] hand delivery

 Custodian by [ ] U.S. Mail [ ] hand delivery

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

 Children’s Legal Services

 By:

 Florida Bar No.:

**INFORMATION REGARDING DEPENDENCY PROCESS**

 You have either had your child(ren) removed from your custody or have been served with a Dependency Petition. You should carefully read the following information so you can understand the dependency process and make informed decisions regarding these proceedings.

 **Right to an Attorney**

 1. At all hearings in the dependency process, you will be advised of your right to counsel, including the right to a court-appointed attorney under certain circumstances.

 2. If you request a court-appointed attorney, the Court will determine whether you are entitled to one. If you are entitled to a court-appointed attorney, one will be provided to you. If an attorney is not available at this time, you can request the Court to continue the hearing until the attorney is available.

 3. If you do not qualify for a court-appointed attorney, you can request that the Court continue the hearing so you can find an attorney to represent you.

 4. If you do not feel that you need an attorney present to represent you for a hearing, you can waive your right to have an attorney present. You may then be asked to sign a waiver of counsel form.

 **Emergency Procedures when Child is Removed from Parents’ Custody**

 1. The Department of Children & Family Services files a Shelter Petition if removal of a child is necessary, if the Department believes that the provision of appropriate and available services will not eliminate the need for placement, and if:

 (a) A child has been abused, neglected or abandoned, or is in imminent danger of illness or injury as a result of abuse, neglect or abandonment; or,

 (b) The custodian of the child has materially violated a condition of placement ordered by the Court; or,

 (c) The child has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care.

 2. If the Department removes your child(ren) from your custody, a shelter hearing must be held within twenty-four (24) hours of removal. You will be notified of the date and time of the shelter hearing.

 3. At the shelter hearing, the parents or legal custodians shall be given an opportunity to be heard and to present evidence.

 4. In order to continue the child(ren) in shelter, the Court must find probable cause that it is necessary for the child(ren) to be removed from the home.

 5. If the Court finds probable cause that removal is necessary, then the child(ren) may be continued in shelter for up to sixty (60) days, unless a continuance is granted, or the Court determines that the children are adjudicated dependent.

 6. The Court will also consider visitation rights at the shelter hearing. The Court may restrict visitation or may not grant visitation.

 7. The Department must file a Dependency Petition within seven (7) days of the child(ren)’s removal, if demanded in writing by a party, but in any case no later than twenty-one (21) days after a shelter hearing.

**Dependency Petition**

1. The Department files a Dependency Petition to request the Court to adjudicate the child(ren) dependent, make custody decisions regarding the child(ren) and to make the parents perform tasks to address the situation alleged in the Dependency Petition.

 2. If you do not understand the Dependency Petition, the Department’s counselor or your attorney will explain it to you.

 **Arraignment Hearing**

1. You will receive a Summons or Notice of Hearing advising you of the date, time and place of the Arraignment Hearing. The Arraignment Hearing must take place within seven (7) days of the filing of the Dependency Petition if the child has been removed from the home or within a reasonable time if the child is still in the custody of the parents.

 2. At the Arraignment Hearing, you will be asked for your response to the allegations contained in the Dependency Petition.

 3. You will be asked to choose one of the following three responses to the Dependency Petition:

 (a) Admit - If you admit that the allegations of the Dependency Petition are true, then the Court will adjudicate the child(ren) dependent, make findings that the allegations are true, and have the power to make custody decisions regarding the child(ren) and make you perform tasks, such as parenting classes and therapy, to address the situation alleged in the Dependency Petition. You are giving up your right to a trial if you admit that the allegations of the Dependency Petition are true.

 (b) Deny - If you deny that the allegations in the Dependency Petition are true, then the Court will schedule a trial. The trial is also called the adjudicatory hearing.

 (c) Consent - If you consent or plead no contest to the allegations of the Dependency Petition, you are not admitting that the allegations are true, you are not denying the allegations, but you agree that the Court will adjudicate the children dependent, make findings that the allegations are true and have the power to make custody decisions regarding the child(ren) and make you perform tasks, such as parenting classes and therapy, to address the situation alleged in the Dependency Petition. You are waiving your right to a trial if you consent/plea no contest to the allegations of the Dependency Petition.

 **Adjudicatory Hearing (Trial)**

 1. At the trial, the Department will have to prove to the Court through witnesses that the probability that the allegations in the Dependency Petition are true is greater then the probability that the allegations are not true. The trial must take place within thirty (30) days of the Arraignment Hearing.

 2. If, at the trial, the Court finds that the allegations of the Dependency Petition are true, then the Court will adjudicate the children dependent, make findings that the allegations are true, and have the power to make custody decisions regarding the child(ren) and make you perform tasks, such as parenting classes and therapy, to address the situation alleged in the Dependency Petition.

 3. If, at the trial, the Court determines that the allegations of the Dependency Petition are not true, then the dependency action will be dismissed.

 **Disposition Hearing**

1.The Disposition Hearing is the hearing in which the Court will determine where the child(ren) will be placed and what tasks the parents will have to complete to take care of the situation alleged in the Dependency Petition.

 2. The Disposition Hearing must take place within thirty (30) days of the order of adjudication.

 3. The Department will file and you will receive a Pre-Disposition Study for Dependency. This document contains the Department’s recommendations to the Court for placement of the child(ren) and tasks for the parents to complete to address the situation alleged in the Dependency Petition.

 **Case Plan**

 1. The Case Plan is the document, which contains the tasks for the parents to perform to address the situation alleged in the Dependency Petition.

 2. The Case Plan must be filed within sixty (60) days of the Department’s removal of a child from the parent’s custody and must be submitted to the Court seventy-two (72) hours before the disposition hearing.

 3. The Case Plan must be reviewed by the Court and accepted by the Court at the disposition hearing. If you do not agree with the Case Plan tasks, you can bring this to the attention of the Court.

 4. If you fail to perform the tasks of the Case Plan within the time period contained in the Case Plan, the Department may seek termination of your parental rights and you may lose all rights you may have to the child(ren). Unless extended, the Case Plan expires no later than twelve (12) months after the date the child was removed from the home or the date the Case Plan was accepted by the Court, whichever comes first.

 **Review Hearing**

 No later than ninety (90) days after the disposition hearing, or within five (5) months from removal, the Court will conduct a review hearing to determine the status of the child(ren) and the parents’ compliance with the tasks. If you believe that you have completed a task in the Case Plan, please provide written proof of your completion to the Department’s counselor. If you do not communicate with the Department’s counselor, the counselor will assume that you have not completed your tasks.

 **Special Hearings**

 From time to time, the Department or the Court may schedule hearings for various matters. If you want to schedule a hearing before the Court, please contact your attorney, if you have one, or contact the Clerk of Court, Juvenile Dependency Division, Marion County Judicial Center 110 NW 1st Avenue, Ocala, Florida 34475, to schedule a hearing.

**NOTICE OF MASTER TRUST**

“Under section 737.303, Florida Statutes, this is to notify you that the Department of Children and Family Services has accepted the position of Trustee of a certain trust, promulgated on July 8, 1997, pursuant to the order of the Circuit Court of Leon County, dated July 8, 1997 (the “Master Trust”). The address of the Trustee is:

 Agency Clerk

 Florida Department of Children and Family Services

 1317 Winewood Boulevard

 Tallahassee, Florida 32399-0700

 Upon reasonable request, a beneficiary of this Master Trust and the beneficiary’s representative are entitled to a complete copy of the trust instrument, including amendments. Upon reasonable request, the Trustee will provide a beneficiary, or the beneficiary’s representative, with relevant information about the assets of the Master Trust related to that beneficiary and the particulars pertaining to administration of the Master Trust. If the child, a parent, or legal guardian has a question concerning this notice or a question or disagreement about the management of these funds in the Master Trust, the matter shall be directed to the District Administrator, acting for the Trustee, for review and response by appropriate district staff. The District Administrator, acting for the Trustee, may seek a court determination as to matters involving an apparent conflict of fiduciary duty.

 If the child who is the subject of this proceeding is eligible for Social Security Act Title II, Supplemental Security Income, or Veterans’ benefits, the Department will be applying to the Social Security Administration or Department of Veterans’ Affairs to be appointed as Representative Payee for the child. If appointed, the Department will be receiving the child’s SSA/SSI/VA monthly checks instead of the parent or legal guardian. After setting aside a personal allowance for the child, the balance will be used to repay the state for the costs of room and board for the child. If amounts are received that are greater than the room and board costs, these excess amounts will also be set-aside in the Master Trust for the child. Some of these trust funds will be unavailable to the child for current needs, and all of the funds will be unavailable to the parents or legal guardians, in accordance with section 402.17(2)(c), Florida Statutes.

 If the child who is the subject of this proceeding has any significant amount of money, property (other than the normal personal possessions) or other income, it may be necessary for the court to direct that this money, property or income be placed with the Department as Trustee in order to permit the Department to appropriately act in the child’s best interests and provide for the child’s current needs, long term needs, and, if applicable the special needs for a disability, while the child is in the care, custody or control of the Department.

 Pursuant to sections 402.17(2)(c) and 402.33, Florida Statutes, children who receive services may be entitled to a waiver or reduction of the fees customarily charged. The Department counselor or child welfare attorney can discuss these charges as well as procedures for review of assessed fees, pursuant to Rule 65-6.022, Florida Administrative Code (formerly Rule 10-6.022, Florida Administrative Code).

 The Department is required to notify the Agency for Health Care Administration of pending personal injury claims involving clients. Failure of a client to report such possible third party liability could result in ineligibility for Medicaid benefits.

 By law, a beneficiary, and the beneficiary’s representative are entitled to an annual statement of accounts of the Master Trust relevant to that beneficiary, and upon termination of the Master Trust as to that beneficiary. In addition, copies of these annual accounting reports will be provided to the client’s parent(s) or legal guardian(s), and, if applicable, the client’s attorney if different from the beneficiary’s representative. District accounting files are also available for inspection by these individuals. These requests may be directed to the district fiscal office. A copy of the client’s most recent quarterly accounting will be filed in the official record of the court having jurisdiction over the client or the client’s money and property at the time of each judicial review held in regard to the client.”