

**STATE OF INDIANA  
COURT**

**IN THE MATTER OF:**

*(child's name)*; CAUSE#

DOB/(Age) ; Male  Female ; Race,

Mother: , Father: Current Placement:

**ALLEGED TO BE IN NEED OF SERVICES**

<b>INTAKE OFFICER'S REPORT OF PRELIMINARY INQUIRY AND INVESTIGATION</b>
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**NEXT HEARING DATE:**

**HAS/HAVE CHILD(REN) BEEN REMOVED FROM THE HOME?**

NO

YES; DATE: TIME:

**Prior to the removal, the child(ren) lived with:**

Child(ren) were taken into custody **WITH** a court order.

Child(ren) were taken into custody **WITHOUT** a court order.

**Who authorized removal?**

**Supporting facts relative to IC 31-34-2-3 are included in Taking Custody of a Child Without a Verbal or Written Court Order: Description of Circumstances; State Form 49584/CW0018, attached. Specifically,**

(1) Child is in need of services pursuant to IC 31-34-1, see attachment Section A.

(2) Child's physical or mental condition will be seriously impaired or seriously endangered if the child is not immediately taken into custody, see attachment Section B (I).

(3) Safety considerations for the child preclude the immediate use of family services to prevent removal of the child, see attachment, Section B (II & III).

(4) There is not a reasonable opportunity to obtain an order of the court, see attachment, Section C.

**PROBABLE CAUSE**

**Date: Time: Location:**

**Facts and Evidence of Probable Cause:**



**A. Nature of Report:**

**B. Facts and Evidence:**

**C. Parent/Guardian/Custodian Response:**

**D. Child(ren)'s Statement:**

**E. Other Pertinent information (if Law Enforcement is involved, identify each officer by name and Law Enforcement agency):**

**CHILD(REN) IS/ARE IN NEED OF SERVICES PURSUANT TO IC 31-34-1 IN THAT:**

- The child's physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, medical care, education or supervision; (IC 31-34-1-1)
- The child's physical or mental health is seriously endangered due to injury by the act or omission of the child's parent, guardian or custodian; (IC 31-34-1-2)
- The child is the victim of a sex offense under IC 35-42-4-1, IC 35-42-4-2, IC 35-42-4-3, IC 35-42-4-4, IC 35-42-4-7, IC 35-42-4-9, IC 35-45-4-1, IC 35-45-4-2 or IC 35-46-1-3; (IC 31-34-1-3)
- The child's parent, guardian or custodian allows the child to participate in an obscene performance defined by IC 35-49-2-2 or IC 35-49-3-2; (IC 31-34-1-4)
- The child's parent, guardian or custodian allows the child to commit a sex offense prohibited by IC 35-45-4; (IC 31-34-1-5)
- The child substantially endangers the child's own health or the health of another; (IC 31-34-1-6)
- The child's parent, guardian or custodian fails to participate in a disciplinary proceeding in connection with the child's improper behavior, as provided for by IC 20-8.1-5.1-19 if the behavior of the child has been repeatedly disruptive in the school; (IC 31-34-1-7)
- The child is a missing child as defined by IC 10-1-7-2; (IC 31-34-1-8)
- The child is born with fetal alcohol syndrome or any amount of a controlled substance or legend drug in the child's body; (IC 31-34-1-10)
- The child has an injury, has abnormal physical or psychological development, or is at a substantial risk of a life-threatening condition due to the mother's use of alcohol, a controlled substance, or a legend drug during pregnancy; (IC 31-34-1-11)



Special circumstances involving a disabled child who is deprived of life-sustaining nutrition or medical intervention necessary to remedy a life-threatening medical condition. (IC 31-34-1-9)

and the child needs care, treatment, or rehabilitation that the child is not receiving and is unlikely to be provided or accepted without the coercive intervention of the Court.

**FAMILY INFORMATION**

**Mother's Name:**                      **Alias/Maiden Name:**

**Mother to (list children):**

**DOB:**              **Race:**

**Address:**

**Home/Cell Telephone:**              **Work Telephone:**

**Employment:**

**Marital Status, include Divorce Cause Number, if applicable:**

**Describe attempts to locate absent parent, if applicable:**

**Known CPS History:**

**#1 Father's Name (alias):**              **DOB:**              **Race:**

**Father to (list children):**

**Paternity Est:**  YES, by  Paternity Aff:  Marriage  Court Order, Cause Number  
 NO       Unknown (list efforts to determine)

**Address:**

**Home/Cell Telephone:**              **Work Telephone:**

**Employment:**

**Marital Status, include Divorce Cause Number, if applicable:**

**Describe attempts to locate absent parent, if applicable:**

**Known CPS History:**



**CHILD(REN)'S HISTORY, HOME AND HEALTH**

**Identify the legal custodian for each child. If custody is by court order, also identify the order establishing that custody:**

**Others residing in the home:**

**Identify each child with siblings who are not the subject of this/these matter(s) by sibling's name, age and address:**

**If the child(ren) has/have been removed,**

**Is/Are the child(ren) placed in close proximity to home and neighborhood?**

**Is/Are the child(ren) able to maintain essential connections (*including sibling and parental contact*)?**

**For each child, identify their Legal Settlement School/grade and whether or not an Individualized Educational Plan (IEP) is in place for the child, along with any special accommodations. If it is presently unknown whether or not an IEP is in place, identify efforts made to find this info:**

**Identify each Child's Physical (special need, accommodations and physical challenges) and Mental Health (diagnosis, prescribed medication):**

**Prior DCS History and Court Involvement (including JD/JS/CHINS/Informal Adjustments) for the child(ren):**

**REASONABLE EFFORTS/BEST INTERESTS:**

**Provide a description of family services available to prevent removal of the child(ren) and the efforts made to provide these services:**



**If removal was necessary, provide an explanation why these efforts did not prevent removal of the child(ren):**

**Explain why these efforts were reasonable:**

**OR**

- The safety of the child(ren) precludes the immediate use of family services to prevent removal of the child(ren) because:**

**It is in the best interests of the child(ren) to be removed from the home environment and remaining in the home would be contrary to the health and welfare of the child(ren) because:**

**RECOMMENDATION and REASONING:**

- Filing of Petition alleging that child(ren) is/are (a) child(ren) in need of services**
- Out-of-home placement should be considered (where):**
- Informal Adjustment**
- Dismissal/No further action**
- Refer case to another agency**
- Other recommendation:**

**Reasons for Recommendation:**

**I affirm, under the penalties for perjury, that the foregoing representations are true.**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature)



\_\_\_\_\_, Family Case Manager  
Indiana Department of Child Services, Local Office in \_\_\_\_\_ County  
Address:  
Phone:

\_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

\_\_\_\_\_, Supervisor  
Indiana Department of Child Services, Local Office in \_\_\_\_\_ County.

**ATTACHMENTS:**

- Taking Custody of a Child Without a Verbal or Written Court Order Form
- Other: \_\_\_\_\_

