**The Family Court of the State of Delaware**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | In and For |  |  New Castle County |  |  Kent County |  |  Sussex County |

**AFTER HOURS DFS EMERGENCY REQUEST FOR CUSTODY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  |       | , |       |  | Time: |       |  |
| Parent 1: |       | DOB: |       |  |
| Parent 2: |       | DOB: |       |  |
| Guardian 1: |       | DOB: |       |  |
| Guardian 2: |       | DOB: |       |  |
| DFS Worker: |       | DFS Worker Phone: |       |  |
| DSCYF/DFS has requested emergency ex parte custody of: |
|       | , born |       |  | Race: |  |
|       | , born |       |  | Race: |  |
|       | , born |       |  | Race: |  |
|       | , born |       |  | Race: |  |
|       | , born |       |  | Race: |  |
|       | , born |       |  | Race: |  |
| **BELOW SECTION TO BE COMPLETED BY THE DIVISION OF FAMILY SERVICES:** |
| Summary of Allegations: |
|       |
|  |
| Under Section 3927 of Title 10 of the Delaware Code, Family Court Standing Order #3, and Rule 79.2  |
| of the Family Court Rules of Civil Procedure, I declare under penalty of perjury under the laws of Delaware |
| that the allegations contained herein are true and correct. |

|  |
| --- |
|       |
| DFS Worker |
| Electronic signature permitted – sign “/s/ Your Name” |

|  |
| --- |
| Pursuant to the testimony above, additional information was gathered from the DFS worker: |
|       |

**The Family Court of the State of Delaware**

In and For

**EX PARTE CUSTODY ORDER ON DIVISION OF FAMILY SERVICES FILINGS**

|  |
| --- |
| File Number |
|
|       |
|
|
| Petition Number |
|
|
|       |
|

**DIVISION OF FAMILY SERVICES/ )**

**DEPARTMENT OF SERVICES FOR )**

**CHILDREN, YOUTH AND THEIR )**

**FAMILIES, )**

 **)**

 **Petitioner )**

 **v. )**

 **)**

|  |  |
| --- | --- |
|       |  **)** |
|       |  **)** |
|       |  **)** |
|       |  **)** |
|       |  **)** |

 **)**

 **Respondents )**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| On |  |  |       | , |       | , the Department of Services for Children, Youth and Their |
| Families, through its Division of Family Services (DSCYF/DFS) |
| [ ]  | Submitted a written sworn affidavit alleging dependency, neglect and/or abuse; or |
| [ ]  | Presented sworn testimony, through a verbal order request, alleging dependency, neglect, and/or abuse. |

|  |
| --- |
| DSCYF/DFS has requested emergency ex parte custody of: |
|       | , born |       | ; |
|       | , born |       | ; |
|       | , born |       | ; |
|       | , born |       | ; |
|       | , born |       | ; |
|       | , born |       | ; |

After review of the affidavit/oral testimony, the Court finds:

[ ]  No emergency conditions exist sufficient to find probable cause that the child(ren) continue to be in actual physical, mental or emotional danger or there is a substantial risk thereof, based on the following:

[ ]  Emergency conditions exist sufficient to find the existence of probable cause that the child(ren) continue to be in actual physical, mental or emotional danger or there is a substantial risk thereof, based on the following:

[ ]  Continuation of residence in the home would be contrary to the welfare of the child(ren), and/or placement would be in the best interest of the child(ren), based on the following:

[ ]  Reasonable efforts have been made to prevent the unnecessary removal of the child(ren) from his/her home as follows:

**IT IS HEREBY ORDERED:**

|  |  |  |  |
| --- | --- | --- | --- |
|  [ ]  | A verbal order was issued on  |       | ; and the Court determined continuation in |
|  | the residence would be contrary to the welfare of the child(ren); and/or placement would be in the best interests of the child(ren); physical or constructive removal of the child(ren) from the parents(s) or specified relative was ordered; and emergency temporary custody was awarded to DSCYF/DFS until further order. |
|  |
|  |
|  |
|  |  |
| **[ ]**  | The Court denies the request for emergency ex parte custody and the underlying action will proceed in the usual course of business. |
|  |
|  |  |
| **[ ]**  | Physical or constructive removal of the child(ren) from the parent(s) or specified relative is ordered, and emergency temporary custody is awarded to DSCYF/DFS, until further order. |
|  |
|  |  |
|  | [ ]  | The Court requests the assistance of the law enforcement agency with jurisdiction in enforcing this custody order. |
|  |  |
|  |  |
|  |  |
| [ ]  | DFS/DSCYF shall file a Petition and supporting affidavit in the Family Court not later than noon on the next Court business day. |
|  |
|  |  |
| [ ]  | A Preliminary Protecting Hearing shall be held on the |       | day of |  | , |       |
|  | at |       | [ ]  AM [ ]  PM with Judge |  | . |
|  |  |  |  |  |  |
| [ ]  | Good cause was found to schedule the PPH out of guidelines for the following reason: |
|  |  |       |
|  |  |  |
| [ ]  | The Office of the Child Advocate is appointed to represent the minor child(ren) in this matter. |
|  |  |
| [ ]  | Pending further Order, visitation shall be at the discretion of DFS unless otherwise noted as follows: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| IT IS SO ORDERED this  |       | day of |  | , |       | . |

|  |
| --- |
|       |
| **Judge** |
| Hon.  |
| **Judge (Print)** |

|  |  |
| --- | --- |
| **Date mailed/emailed:** |       |

**TO BE COMPLETED BY COURT STAFF:**

|  |  |
| --- | --- |
| [ ]  |  When the order was prepared, the date for the Preliminary Protective Hearing was unknown. |
|  |  The PPH is scheduled for the |       | day of |  | , |       | at |       |  |
|  |  [ ]  AM | [ ]  PM with Judge |  | . |

|  |  |
| --- | --- |
| [ ]  | Respondent       shall be appointed counsel for representation at the Preliminary Protective Hearing, subject to determination of indigency: |
|  |  | Agency appointment:  | [ ]  CLASI | [ ]  ODS | [ ]  Contract Attorney |
|  |  |  |  |  |  |
| [ ]  |  | Respondent       shall be appointed counsel for representation at the Preliminary Protective Hearing, subject to determination of indigency:  |
|  |  | Agency appointment:  | [ ]  CLASI | [ ]  ODS | [ ]  Contract Attorney |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CC: | [ ]  DFS DAG:       |  | [ ]  Parent 1:       |  |
|  | [ ]  DFS Worker:       |  | [ ]  Parent 1 Attorney:  | [ ]  CLASI | [ ]  ODS |  |
|  | [ ]  OCA.Orders@delaware.gov |  | [ ]  Contract Parent Atty:       |  |
|  | [ ]  FC\_CIPCoordinator@delaware.gov |  | [ ]  Parent 2:       |  |
|  | [ ]  Civil Case Processing |  | [ ]  Parent 2 Attorney:  | [ ]  CLASI | [ ]  ODS |  |
|  |  |  | [ ]  Contract Parent Atty:       |  |
|  |  |  | [ ]  Other:       |  |
|  |  |  | [ ]  Other:       |  |