

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	COMPLAINT (REQUEST FOR ACTION, CHILD PROTECTIVE PROCEEDINGS), PAGE 1	CASE NO. PETITION NO.
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Court address _____ Court telephone no. _____

1. In the matter of

a. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
b. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
c. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
d. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
e. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other
f. Name	Race	Sex	Date and place of birth	Living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other

BASIS FOR REQUEST

2. See page 2 for a statement of the allegations, including the citations and date, time, and location of alleged abuse or neglect, and the basis for any request for court-ordered protective custody. If any child is Indian as defined in MCR 3.002(5), state that fact along with the child's name and the name of the tribe, if known.

SOCIAL INFORMATION

3. Father's name	R	DOB	LFC#	PFC#	Address	Home phone	Work phone
4. Father's name	R	DOB	LFC#	PFC#	Address	Home phone	Work phone
5. Father's name	R	DOB	LFC#	PFC#	Address	Home phone	Work phone
6. Father's name	R	DOB	LFC#	PFC#	Address	Home phone	Work phone
7. Mother's name	R	DOB	Address			Home phone	Work phone
8. Guardian's/Legal custodian's name	R	DOB	Address			Home phone	Work phone
9. Nonparent adult respondent's name		DOB	Address			Home phone	Work phone

Instructions for items 3 through 8. If the father/mother/guardian or legal custodian is a respondent, place a check mark in the column R. If the father is a legal father, indicate for which child(ren) by placing the corresponding numbers 1a, 1b, 1c, etc. in the column LFC#. If the father is a putative father, indicate for which child(ren) by placing the corresponding numbers 1a, 1b, 1c, etc. in the column PFC#.

10. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

REQUEST

11. I REQUEST:

- a. a petition be authorized.
- b. the court review the information and make an appropriate disposition.
- c. an order be issued to take the child into protective custody pending a preliminary hearing pursuant to MCR 3.963(B).
 permission to enter the premises at _____.

I declare that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Complainant's signature	Date
Print or type name	Address/Agency
	Telephone no.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	COMPLAINT (REQUEST FOR ACTION, CHILD PROTECTIVE PROCEEDINGS), PAGE 2	CASE NO. PETITION NO.
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Court address

Court telephone no.

1. In the matter of

CUSTODY Fill out completely

12. Basis for protective custody by police without court order

After investigation, the officer had reasonable grounds to conclude that the health, safety, or welfare of the child(ren) was endangered.

The parent(s), guardian, or legal custodian was/were was/were not present.

NOTIFICATION TO PARENT, GUARDIAN, OR LEGAL CUSTODIAN

13. I notified or attempted to notify the person(s) listed below about the date, time, and place of the preliminary hearing. The method of contact or attempted contact is described below and includes the date and time of notification for each.

14. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
15. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
16. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time
17. Name	<input type="checkbox"/> notified <input type="checkbox"/> attempted	Methods used	Date	Time

STATEMENT OF ALLEGATIONS

Provide the physical description for each child including height, weight, eye color, and hair color.