Approved, SCAO PCS CODE: OTC TCS CODE: OTC

STATE OF MICHIGAN

JUDICIAL CIRCUIT - FAMILY DIVISION

COUNTY

ORDER TO TAKE CHILD(REN) INTO PROTECTIVE CUSTODY AND PLACE (CHILD PROTECTIVE PROCEEDINGS)

CASE NO.
PETITION NO.

COUNTY	(CHILD PROTECTIVE PROCEEDINGS) EX PARTE	
Court address		Court telephone no.
In the matter of name(s), alias(es), DOB (see reverse side Date of entry of order:	,	
•	G	Bar no.
without leave from court-orde b. Under MCL 712A.2(b) a 1) The child(ren) is/are at sub the child(ren)'s immediate a 2) The circumstances warran	and MCR 3.963(B), \Box MCR 3.974(C)(1), the ostantial risk of harm or is/are in surroundings that removal from those surroundings is necessary to provide the control of th	re is reasonable cause to believe that: present an imminent risk of harm and rotect the child(ren)'s health and safety.
	ective custody is reasonably available to protect the stances, reasonable efforts were made to prever Specify.)	
	equired to prevent or eliminate the child(ren)'s remo	oval from the home due to the
(See note below.) ☐ mother ☐ father si	ubjecting the child(ren) to the aggravated circumst as provided in section MCL	
☐ mother's ☐ father's co	onviction for murder of another child of the parent. Onviction for voluntary manslaughter of another chi	
parent, attempting to murd murder of the child(ren) or ☐ mother's ☐ father's co child of the parent. ☐ mother's ☐ father's in _ parent to rectify the conditi	ler the child(ren) or another child of the parent, or of another child of the parent. In order the child of the parent. In order the child of the parent. In order the parent of the	conspiring or soliciting to commit the conspiring or soliciting to commit the conspiring or soliciting to commit the constitution of the child(ren) and failure by that

	Petition No.
	o make it possible for the child(ren) to safely return home are or another child of the parent to one of the circumstances stated
NOTE: When item 4 is checked, schedule a permanency planni	ng hearing within 28 days of this determination.
	ubject to the exclusive jurisdiction of a tribal court but temporarily s necessary to prevent imminent physical damage or harm to
IT IS ORDERED:	
TO:	
TO: Specify whether child protective services worker, an officer, or other personal services.	on deemed suitable by the court under MCR 3.963(B)(1)
6. The child(ren) shall be taken into protective custody and	
a. placed with/returned to the Michigan Department of He	·
☐ b. placed at	for medical observation and
treatment until medically released to	
·	
for placement at	
Placement shall continue until resumption of the next schedu	uled hearing.
7. To effect this order you are authorized to enter the premises	located at
7. To effect this order you are authorized to effici the premises	located at
	·
\square 8. The parent(s), guardian, or legal custodian of the child(red	n) shall be directed to appear for a hearing in this matter to be
held on at at at at	
(Item 8 is not applicable for orders to take children into custody who are	about without loave from sourt ardered placement
9. This authorization to enter the premises and take the child(re	' '
☐ Enter on LEIN	, 1 , 1
Recommended by: Referee signature	
Referee signature	Date
Note: Referee recommendation not required if acting under MCL 712A.14a(3).	
Date	Judge/Referee

Case No. ___

Note: To parent(s), guardian, or legal custodian: If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Order to Take Child(ren) into Protective Custody and Place (12/18) Page _____ of _____

Order to Take Child(ren) into Protective Custody and Place (12/18) dentifying information, Custody Statement, and Record of Notification							
	IDENTI	FYING II	NFORMA	TION			
Name	Race	Sex	Height	Weight	Hair color	Eye color	Date of birth
Name	Race	Sex	Height	Weight	Hair color	Eye color	Date of birth
Name	Race	Sex	Height	Weight	Hair color	Eye color	Date of birth
Name	Race	Sex	Height	Weight	Hair color	Eye color	Date of birth
Home address			City		State Zi	p Te	elephone number
Father's name	Address	(City		State Zip	o T	elephone number
Mother's name	Address	(City		State Zi	р Т	elephone number
Pickup radius				Court ORI			
Statewide Other:				MI			
	USTODY STATEMEN aken		RECORD	OF NOTI	FICATION		
1. I certify and return that I have t	aken Child(ren)'s name(s	;)					
into custody on				_ at	a	ınd have o	delivered the child
to Place of temporary placement							·
2. I ☐ notified ☐ attempted to not	stifu the narent(s) qui	ordian o	r legal cue	etodian liste	ad below th	at the chi	Id/ren) has/have
taken into protective custody an	d that a preliminary he	earing or	an emerg	ency remov	val hearing	will be hel	d on
at at	ation						
Time	RUOTI						
Time Loca			METHODS				
Time Loca NAME Father				S USED notify must	be noted)	DAT	E TIME
Time Loca NAME Father					be noted)	DAT	E TIME
Time Loca NAME					be noted)	DAT	E TIME
Time Loca NAME Father					be noted)	DAT	E TIME

I declare that this custody statement has been examined by n knowledge, and belief.	ne and that its contents are true to the best of my information,
Date	Signature
	Agency name