

In Re: [Name of Child/ren] [Date(s) of Birth]

Superior Court for Juvenile Matters: [Address of Court]

[Date]

SOCIAL WORKER AFFIDAVIT

I am, _____, Social Worker for the Department of Children and Families at [Complete Address of DCF office: # and street name], in [name of City/Town], Connecticut. I am over the age of eighteen and understand and believe in the obligations of an oath. Being duly sworn, I do hereby depose and say that the following is the truth to the best of my knowledge and belief:

Child/ren for Whom Motion(s) is/are Filed:

Name:
Address:
Date of Birth:
Indian Tribe
Legal Status
Paternity: Unknown / Not established / Acknowledged / Issue of Marriage /
Judgment (Verified / Not verified)

Mother:

Name:
Address:
Date of Birth:
Indian Tribe:

Father(s) [of _____] if more than one child, list each father separately

Name:
Address:
Date of Birth:
Indian Tribe:

Legal Guardian (if not applicable, delete)

Name:
Address:
Date of Birth:
Indian Tribe:

1. The Department is seeking an order of temporary custody on behalf of [name of child/ren] to be vested in [the Department or name of person to assume custody].

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2. [State if there are any existing court orders regarding custody/visitation.]

[If relevant, the next paragraphs may briefly state history. Legal history, prior TPR, prior removals are definitely relevant. Examples]

3. This family has a history with DCF dating back to _____ (date) due to _____ (i.e., physical and/or sexual abuse, parent(s)' substance abuse, neglect of the child(ren), abandonment, etc.). DCF has substantiated (choose one or several: neglect, abuse, at risk of neglect and/or abuse) _____ (number of substantiations by DCF) since _____ (date of first substantiation). You **must** indicate whether an investigation was substantiated or unsubstantiated. The Department has offered services [summarize some of services offered]. Despite engagement in services, parents have not been able to sustain progress.

4. The Department's current case has been opened since (date). The Department has engaged the family in XXXX services. Initially, progress was being made as evidenced by [briefly describe success]. Most recently, there has been a decline in attendance as they have missed [explain].

[If there is a presenting incident or new referral, then you should use the following.]

5. On _____ (date), a report was received by the Department of Children and Families (DCF), from _____ (name, title, place of employment) , alleging _____ (i.e., neglect, abuse, sexual abuse, etc.) of _____ (child(ren)'s name) by _____ (name of alleged perpetrator/abuser, relationship to child(ren)). Briefly summarize the content of the report.

[The next statements should recount what was observed or heard by you, the social worker, personally. Do not include superfluous detail. Focus on content relevant to safety. Make sure to include any facts that would be favorable to the parent. Include who told you what, when, and where information.]

[Chronological order events is usually recommended.]

EXAMPLES:

6. On (date), I met with Ms. (first name, last name) Ms. X stated that "..."

7. On (date), I observed the child. [Describe child's behaviors and statements].

8. Despite multiple voice messages left on Mr.X/Ms.X cell phone, and 4 attempts at unannounced home visits, I have been unable to meet with Mr.X / Ms.X.

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[Make sure each safety factor is addressed. For each factor, make sure to elaborate on the offending as well as "non-offending" parent or guardian. Has/have father(s) been a resource, or has/have he/they come forward with an alternative plan for his child(ren)'s care?]

9. [Indicate when CR meeting was held. Who attended and what was the result. It is not necessary to include all of the details, unless new information is provided that either corroborates concerns, is an admission by a parent/guardian of neglect and/or safety concerns or is favorable to the parent.]

Example: On [date], a considered removal meeting was held at the Department's [town] area office. The following individuals were present for the meeting: [list those in attendance]. A plan to mitigate the safety concerns could not be devised. [Name of proposed caretaker] was identified as a proposed caretaker. The Department is assessing/has approved this person as a placement resource pending the formal licensing process. There are/are no barriers to licensing.

10. The Department has made reasonable efforts to present removal as evidenced by [state the efforts made].

WHEREFORE, there is reasonable cause to believe that based on the aforementioned allegations, that this/these child(ren) [is/are suffering from serious physical illness] or [serious physical injury,] and is/are in immediate physical danger from his/her/their surroundings, and that immediate removal from such surroundings is necessary to ensure the child(ren)'s safety, and further that the conditions or circumstances surrounding the care of the child/ren requires that custody be immediately assumed to safeguard the welfare of the child/ren.

SUBMITTED BY:

SW's name (typed)
Social Worker (860-000-0000)
DCF, (address)
Email: _____@ct.gov

SUBSCRIBED AND SWORN before me this _____ day of _____, 19____.

Notary Public

Expiration Date