

IN THE INTEREST OF

Name \_\_\_\_\_

**Temporary Physical Custody  
Request Supplement  
(Chapter 48)**

Date of Birth \_\_\_\_\_

Case No. \_\_\_\_\_

This document provides supplemental information to the Temporary Physical Custody Request filed in the above-captioned case on [Date] \_\_\_\_\_.

**Circumstances of the Maltreatment**

**1. Present Danger Threats** (Check all that apply)

*An immediate, significant, and clearly observable family condition that is occurring or in process of occurring at the point of contact with the family and will likely result in severe harm to the child.*

**A. Maltreatment**

- Child is currently being maltreated at the time of the report or contact.
- Severe to extreme maltreatment of child is suspected, observed or confirmed.
- Child has multiple or different kinds of injuries.
- Child has injuries to the face or head.
- Child has unexplained injuries.
- The maltreatment demonstrates extreme cruelty (e.g., torture or extreme emotional abuse).
- The maltreatment of several victims is suspected, observed or confirmed.
- The maltreatment appears premeditated.
- Life threatening living arrangements are present.

**B. Child**

- Parent's/caregiver's viewpoint of the child is dangerous for the child.
- Child is unsupervised and unable to care for self.
- The child's immediate health needs are not being met.
- Child is profoundly fearful of the home situation or people within the home.

**C. Parent**

- Parent's/caregiver's intoxicated behavior (alcohol or other drugs), which is occurring now or consistently over time, is impacting their ability to provide basic, necessary care and supervision.
- A parent/caregiver cannot/will not manage their own behaviors which impacts their ability to provide basic, necessary care, and supervision.
- Parent is demonstrating extremely unusual or unexpected behaviors (e.g., incoherent or inappropriate).
- Parent/caregiver is not providing basic, necessary care and supervision based on the child's individual developmental needs.
- Parent is acting dangerous now or is described as dangerous.
- Parent/caregiver is not able to be located or contacted.
- One or both parents/caregivers overtly reject intervention.

**D. Family**

- The family may flee.
- The family hides the child.
- Child is subject to present/active domestic violence.

Describe present danger threats: \_\_\_\_\_

**2. Impending Danger Threats** (Check all that apply)

*A foreseeable state of danger in which a family behavior, attitude, motive, emotion or situation that can be anticipated to have severe effects on a child at any time in the near future and requires safety intervention.*

- No adult in the home will perform parental duties and responsibilities in line with the child's individual developmental needs.
- One or both parent's/caregiver's behavior shows a pattern of violence.
- One or both parents/caregivers has impulsive behavior that they cannot/will not control.
- One or both parents/caregivers have exaggerated, negative perceptions of the child.

- Family does not use known, available, and accessible resources to assure the child's essential needs for food, clothing, and/or shelter are met.
- One or both parents/caregivers fear they will maltreat the child and/or request placement.
- One or both parents/caregivers intend(ed) to seriously hurt the child.
- One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met.
- The child has exceptional needs which the parents/caregivers cannot or will not meet.
- Living arrangements seriously endanger the child's physical health.
- The child is profoundly fearful of the home situation or people within the home.

Describe impending danger threats: \_\_\_\_\_

3. **Child Vulnerable to Danger Threats** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Age (always includes ages 0-6) | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Mental disability              | <input type="checkbox"/> Powerless           |
| <input type="checkbox"/> Provoking behaviors            | <input type="checkbox"/> Defenseless         |
| <input type="checkbox"/> Non-Assertive                  | <input type="checkbox"/> Illness             |
| <input type="checkbox"/> Invisible                      |  |

Describe how the child's vulnerability relates to the identified danger threats: \_\_\_\_\_

4. Describe how the parents' **protective capacities** are currently insufficient to protect the child from the danger threats listed above: \_\_\_\_\_

5. It is contrary to the child's welfare to remain in the home due to: \_\_\_\_\_

**Efforts to Prevent Removal**

1. Describe efforts to prevent removal or the emergency circumstances present: \_\_\_\_\_

2. An in-home plan will not work for this child, because:

- plan is not
  - sufficient.
  - feasible.
  - sustainable.
- cannot immediately control or manage threat of danger.
- needed people or services are not accessible or available when threat will be present.
- the plan would rely on parental promises to control what has been assessed as out of control.
- Other: \_\_\_\_\_

**Other Information**

1. Name and contact information of adult relative(s) or other adult individual(s) the parent requests the court to consider as placements for the child: (List at least 3, if possible)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

2. Describe immediate, interim family interaction plan between parents and child and siblings, if any:  
 \_\_\_\_\_  
 No family interaction plan because: \_\_\_\_\_
3. List any other conditions for the TPC order that the agency may/will request: \_\_\_\_\_
4. Siblings placed together:  Yes  No If no, describe why not: \_\_\_\_\_
5. Information the agency needs to obtain in order to completely assess the family: \_\_\_\_\_
6. Will the child be able to remain in the same daycare/school?  Yes  No If no, then explain:  
 \_\_\_\_\_

**WICWA**

1. Is the child an Indian child?  Yes  No  Undetermined (Explain: \_\_\_\_\_)  
 Name and address of tribe(s): \_\_\_\_\_
2. Was placement made in compliance with the order of placement preferences?  Yes  No  
 If no, explain good cause or emergency conditions which necessitated departing from the placement preferences: \_\_\_\_\_

▶ \_\_\_\_\_  
 Signature

\_\_\_\_\_

Name Printed or Typed

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address Telephone Number

\_\_\_\_\_

Date State Bar No. (if any)

**DISTRIBUTION:**

1. Court
2. Child's Guardian ad Litem/Adversary Counsel
3. Parents
4. Parents' Attorney(s)
5. Child's Guardian/Legal Custodian
6. District Attorney/Corporation Counsel
7. Caseworker
8. Tribe
9. Indian Custodian