**FORMAL REQUEST FOR STATE’S ATTORNEY TO FILE A PETITION**

**FOR JUVENILE COURT INTERVENTION**

A separate CANTS 33 must be filled out for each minor in order to be considered by the State’s Attorney.

**Type of Intervention Requested:**

Petition and Shelter Care Hearing (PC taken)

Petition and First Appearance Hearing (PC not taken)

Other Protective Order:

***Minor’s Information:***

**Date and time Protective Custody was taken *(leave blank if not a PC)*:**

Name:

DOB:       Sex:  Female  Male

Address:

Custodial Parent/Guardian:

***Parent 1:***

**Date and time parent notified of Protective Custody and Shelter Care Hearing *(leave blank if not a PC)*:**

Name:

DOB:

Address:

Does the Indian Child Welfare Act (ICWA) apply:  Yes  No

***Parent 2:***

**Date and time parent notified of Protective Custody and Shelter Care Hearing *(leave blank if not a PC)*:**

Name:

DOB:

Address:

How paternity established:

Does the Indian Child Welfare Act (ICWA) apply:  Yes  No

***Putative Parent*** *(paternity not established)****:***

**Date and time parent notified of Protective Custody and Shelter Care Hearing *(leave blank if not a PC)*:**

Name:

DOB:

Address:

Does the Indian Child Welfare Act (ICWA) apply:  Yes  No

***Legal Guardian other than Parent:***

Name:

DOB:

Address:

When and how guardianship was established:

**Other reports gathered including name and address of source (e.g., medical, police):**

**Brief summary of current involvement. Narrative should contain relevant information to support current allegations, synopsis of witness statements, photographs taken, and all other information needed for filing of petition.**

**Prior DCFS history of each parent. Description of DCFS history should include allegation(s), outcome(s), prior permanency and intact cases and whether services were successfully completed, whether minors have been in DCFS custody before, and open/close dates of any prior cases.**

**Any known criminal history of each parent:**

**Any known history of substance abuse:**

**Any known history of mental illness:**

**Discussion of reasonable efforts to prevent removal or why no efforts were appropriate.**

**Respectfully submitted by:**

**Child Protection Specialist or Child Welfare Specialist**

**Approved by:**

**Supervisor**