



Arkansas Department of Human Services
Division of Children and Family Services
Protective Custody/Parental Notification

TO: _____ Parent/Guardian

FROM: _____ County Office, Division of Children & Family Services
 Phone: _____

DATE: _____

RE: **Protective Custody of Your Child(ren)**

As authorized by Arkansas Code Annotated §9-27-313 and §12-18-1001, this is your notification that the following child(ren) has been taken into protective custody because of an immediate danger to the child(ren):

Name: _____	DOB: _____

Your child(ren) has been placed in a Foster Home, Emergency Shelter, or other (specify) _____.
 For security reasons we cannot provide the location.

A petition for emergency custody which will temporarily remove the child(ren) from your custody is being filed in the Juvenile Division of Circuit Court, _____ District, located at: _____ phone _____.

You and your child(ren) have the right to receive a copy of the petition.

An emergency hearing will be held within five working days of filing the petition. You have a right to be at the hearing and the date and time will be provided. Contact me at the number at the top or the Juvenile Division Court for further information.

 DCFS County Supervisor or Designee

 Family Service Worker