<u>_</u>	ate of Minnesota	District Court	
CO	ounty of:	Court File Number:	
Judicial District:		Case Type: <u>Juvenile</u>	
ln	the Matter of the Welfare of the Child(ren) of:	
	Respondent		
	Respondent 🗆 Legal Custodian	<u> </u>	
	Child in Need of Protect	ion or Services Petition (CHP302)	
all ch	legation of child abuse or neglect to the	41, subd. 1(b), requires a petitioner to report any social services agency in the county where the with the Court. This Petition may be rejected if you sagency.	
1.	My name is	and	
		n not a county attorney or an agent of the	
2.	•	rcumstances alleged in this Petition to the social ne child(ren) resides, and the agency has declined to hild (check one):	
	☐ False - If "False," you must contact	the social services agency before submitting this petition	
	☐ True - I have contacted the social s	ervices agency (please continue to Question 3).	
3.	If you checked "True in Question 2," p social services denial, if one was prepare	lease complete the following and attach a copy of the ared:	
3.	•	ared:	
3.	social services denial, if one was prepa	ntacted:	
3.	social services denial, if one was preparationa. Name of social services agency contactb. Date social services agency contact	ntacted:	

4.	I am related to the child(ren) or the child's parent(s) or custodian(s) (check one):
	□ No , I am not related to the child(ren) or the child's parent(s) or custodian(s).
	☐ Yes , I am related as follows:
5.	I am not filing this Petition for the sole purpose of trying to change custody between the child(ren)'s parents (check one):
	□ False
	☐ True
6.	The name, date of birth, race, and address of the child(ren) are:
	Child 1
	Name:
	Date of Birth:
	Race:
	Street Address:
	City, State, Zip:
	Child 2
	Name:
	Date of Birth:
	Race:
	Street Address:
	City, State, Zip:
	Child 3
	Name:
	Date of Birth:
	Race:
	Street Address:
	City, State, Zip:
	Child 4
	Name:
	Date of Birth:
	Race:
	Street Address:
	City, State, Zip:

Child 5
Name:
Date of Birth:
Race:
Street Address:
City, State, Zip:
Child 6
Name:
Date of Birth:
Race:
Street Address:
City, State, Zip:
If known, the name, date of birth, race, and address of the child(ren)'s parent(s) or custodian(s) are:
Parent(s) or Custodian(s)
Name:
Date of Birth:
Race:
Street Address:
City, State, Zip:
Parent(s) or Custodian(s)
Name:
Date of Birth:
Race:
Street Address:
City, State, Zip:
Parent(s) or Custodian(s)
Name:
Date of Birth:
Race:
Street Address:
City, State, Zip:

7.

Parent(s) or Custodian(s)	
Name:	
Date of Birth:	
Race:	
Street Address:	
City, State, Zip:	
Parent(s) or Custodian(s)	
Name:	
Date of Birth:	
Race:	
Street Address:	
City, State, Zip:	
If different from the answer to Question 7, the name and address of the person(s) who have custody or control of the child(ren), or the child(ren)'s nearest known relative if no parent or guardian can be found, are:	
Name of Person(s) with Custody of Child(ren)	
Name:	
Street Address:	
City, State, Zip:	
Name of Person(s) with Custody of Child(ren)	
Name:	
Street Address:	
Name of Person(s) with Custody of Child(ren)	
Name:	
Street Address:	
City, State, Zip:	
Name of Person(s) with Custody of Child(ren)	
Name:	
Street Address:	
City, State, Zip:	

9.	The name and address of the child's spouse (if any):		
	Name of Child's Spouse (if any)		
	Name:		
	Street Address:		
	City, State, Zip:		
	Name of Child's Spouse (if any)		
	Name:		
	Street Address:		
	City, State, Zip:		
10.	The child(ren) is/are enrolled or eligible for enrollment in an American Indian Tribe and, therefore, the Indian Child Welfare Act applies (check one):		
	☐ Yes , and the name of the Tribe is:		
	\square No , the children are not enrolled in or eligible for enrollment in an American Indian Tribe		
	protection or services are as follows (using an additional sheet of paper if necessary, describe in as much detail as possible why you believe the child(ren) is/are in need of protection or services, including names of persons involved and dates and times of events):		

12.	-	uvenile court or family court custody order exists, or a juvenile court or family court oceeding is pending, regarding the child(ren) (check one):
		Unknown, I am unaware of any other files.
		No, there are no other files.
		Yes, there is another file with the following information: Case Name:
		County:
		File Number:
13.		e child(ren) is/are in need of protection or services within the meaning of the following ovisions of Minn. Stat. § 260C.007, subd. 6 (check one or more of the following):
		Subd. 6(1), because the child(ren) is/are abandoned or without parent, guardian, or custodian.
		Subd. 6(2), because the child(ren) (a) has/have been a victim(s) of physical or sexual abuse as defined in Minn. Stat. § 626.556, subd. 2; or (b) reside(s) with or has/have resided with a victim of domestic child abuse as defined in Minn. Stat. § 260C.007, subd. 13; (c) reside(s) with or would reside with a perpetrator of domestic child abuse or child abuse as defined in Minn. Stat. § 260C.007, subd. 13; or (d) is/are a victim(s) of emotional maltreatment as defined in Minn. Stat. § 260C.007, subd. 15.
		Subd. 6(3), because the child(ren) is/are without necessary food, clothing, shelter, education, or other required care for the child(ren)'s physical or mental health or morals because the child(ren)'s parent, guardian, or custodian is unable or unwilling to provide that care.
		Subd. 6(4), because the child(ren) is/are without the special care made necessary by a physical, mental, or emotional condition because the child(ren)'s parent, guardian, or custodian is unable or unwilling to provide that care.
		Subd. 6(5), because the child(ren) is/are medically neglected, which includes, but is not limited to, the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. The term "withholding of medically indicated treatment" means the failure to respond to the infant's life threatening conditions by providing treatment, including appropriate nutrition, hydration, and medication which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be

effective in ameliorating or correcting all conditions, except that the term does not include the failure to provide treatment other than appropriate nutrition, hydration, or medication to an infant when, in the treating physician's or physicians' reasonable medical judgment: (i) the infant is chronically and irreversibly comatose; (ii) the provision of the treatment would merely prolong dying, not be effective in ameliorating or correcting all of the infant's life threatening conditions, or otherwise be futile in terms of the survival of the infant; or (iii) the provision of the treatment would be virtually futile in terms of the survival of the infant and the treatment itself under the circumstances would be inhumane. ☐ Subd. 6(6), because the child(ren) is/are one(s) whose parent, guardian, or other custodian for good cause desires to be relieved of the child(ren)'s care and custody, including a child who entered foster care under a voluntary placement agreement between the parent and the responsible social services agency under Minn. Stat. § 260C.227. ☐ Subd. 6(7), because the child(ren) has/have been placed for adoption or care in violation of law. ☐ Subd. 6(8), because the child(ren) is/are without proper parental care because of the emotional, mental, or physical disability, or state of immaturity of the child(ren)'s parent, guardian, or other custodian. ☐ Subd. 6(9), because the child(ren) is/are one(s) whose behavior, condition, or environment is such as to be injurious or dangerous to the child(ren) or others. An injurious or dangerous environment may include, but is not limited to, the exposure of a child to criminal activity in the child's home. ☐ Subd. 6(10), because the child(ren) is/are experiencing growth delays, which may be referred to as failure to thrive, that have been diagnosed by a physician and are due to parental neglect. \square Subd. 6(11), because the child(ren) is a sexually exploited youth. ☐ Subd. 6(12), because the child(ren) is a labor trafficked youth. ☐ Subd. 6(13), because the child(ren) has/have committed a delinquent act or a juvenile petty offense before becoming ten (10) years old. \square Subd. 6(14), because the child is a runaway. \square Subd. 6(15), because the child is a habitual truant. ☐ Subd. 6(16), because the child has been found incompetent to proceed or has been found not guilty by reason of mental illness or mental deficiency in connection with a

delinquency proceeding, a certification under Minn. Stat. § 260B.125, an extended jurisdiction juvenile prosecution, or a proceeding involving a juvenile petty offense.
□ Subd. 6(17), because the child has a parent whose parental rights to one or more children were involuntarily terminated or whose custodial rights to another child have been involuntarily transferred to a relative and there is a case plan prepared by the responsible social services agency documenting a compelling reason why filing the termination of parental rights petition under Minn. Stat. § 260C.301, subd. 3, is not in the best interests of the child.
14. I believe that because of the conditions and surroundings of the child(ren), the child(ren)'s welfare requires that this Court immediately take the child(ren) into custody pursuant to Minn. Stat. § 260C.151, subd. 6.
Based upon all of the above information, I, Petitioner, request that the above-named child(ren) be brought before the District Court, Juvenile Court Division, and that the child(ren)'s alleged need for protection or services be dealt with in accordance with the law.
I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.
Dated:Petitioner's Signature
Name:
Address:
City, State, Zip: Email:
Name, address, and phone number of attorney for Petitioner (if any):
Name:
Street Address:
City, State, Zip:
Phone:
Attorney ID:
Email:
After you have filled out this form and signed it, give it to the court administrator to review for

completeness.

Verification

I,state that I am the Petitioner
in the above-entitled action; I have read and know the contents of the foregoing Petition; and the statements in the Petition are true of my knowledge except as to those matters stated on
information and belief and, as to those matters, I believe them to be true.
I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.
Dated:
Petitioner's Signature
County and state where signed:
Name:
Address:
City, State, Zip:
Phone:
Email:
Acknowledgement
I,, acknowledge that pursuan
to Minn. Stat. § 549.21, costs, disbursements, and reasonable attorney and witness fees may be awarded to the opposing party or parties for actions I commence in bad faith; for any claim or defense that I assert that is frivolous and costly to the other party or parties; for any position I assert that is unfounded and meant solely to delay the ordinary course of the proceedings or to harass; or for any fraud I commit upon the Court.
I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.
Dated:
Petitioner's Signature
County and state where signed:
Name:
Address:
City, State, Zip:
Phone:
Email: