

COMMONWEALTH OF KENTUCKY
CABINET FOR FAMILIES AND CHILDREN
DEPARTMENT FOR COMMUNITY BASED SERVICES

REQUEST FOR INVOLUNTARY TERMINATION OF PARENTAL RIGHTS

NAME OF WORKER:

COUNTY:

OFFICE TELEPHONE:

FAMILY SERVICES OFFICE SUPERVISOR:

DSS NUMBER:

DATE OF PRE-PERMANENCY CONFERENCE:

RIGHTS TO BE TERMINATED ON:

Biological Father
 Legal Father

Biological Mother

PREVIOUS LEGAL ACTION: If rights of only one parent are being terminated involuntarily, give the following applicable information on other parent:

Other parent's parental rights have been terminated.

Date of Petition

Court

Date of Termination:

If no legal action involving the other parent has occurred or is planned, please explain:

CHILD: Name:

Sex: Male Female

Date of Birth:

Place of Commitment:

Date of Commitment:

Type of Commitment:

Birth Certificate #:

Does the child have a legal court appointed guardian? Yes No If yes, give name and address:

MOTHER: Name:

Date of Birth:

Current Address:

If current address is unknown, give last known address:

Has absent parent search been conducted? Yes No N/A Unmarried at time of birth of child? Yes No

Married at conception of child? Yes No Married at birth of child? Yes No

If married, or child is possibly conceived in wedlock, give the following information:

Date of Marriage:

Place of Marriage:

Date of Divorce:

Place of Divorce:

Does the mother have a guardian or committee? Yes No If so, give name, address and date where appointed or attach a copy of the order if available:

If mother is under 18 years of age, give name and address of parents.

LEGAL FATHER: Name:

Date of Birth:

(Married to Mother)

Current Address:

If current address is unknown, give last known address:

Has absent parent search been conducted? Yes No

Does the legal father have a guardian or committee? Yes No If so, give name, address and date where appointed or attach a copy of the order if available:

If Father is under 18 years of age, give name and address of parents.

BIOLOGICAL FATHER:
(Not Married to Mother)

Date of Birth:

Current Address:

If current address is unknown, give last known address: (refer to instructions)

Has absent parent search been conducted? Yes No

Does the biological father have a guardian or committee? Yes No If so, give name, address and date where appointed or attach a copy of the order if available:

If father is under 18 years of age, give name and address of parents.

Check applicable facts for biological father:

- The mother has identified him by affidavit, sworn statement or notarized statement. (includes AFDC records)
- He has acknowledged the child as his own.
- He is openly living with the mother.
- He has contributed financially to support the child.
- He has commenced a judicial proceeding claiming parental right.
- His name appears on the birth certificate as father of the child.

GROUND FOR TERMINATION:

- The parent has abandoned the child for a period of not less than six (6) months.
 - Mother Legal Father Biological Father
- The parent has inflicted or allowed to be inflicted upon the child, by other than accidental means, serious physical injury.
 - Mother Legal Father Biological Father
- The parent has continuously or repeatedly inflicted or allowed to be inflicted upon the child, by other than accidental means, physical injury or emotional harm.
 - Mother Legal Father Biological Father
- The parent, for a period of not less than six (6) months, has continuously or repeatedly failed or refused to provide or has been substantially incapable of providing essential parental care and protection for the child and that there is no reasonable expectation of improvement in parental care and protection, considering the age of the child.
 - Mother Legal Father Biological Father
- The parent has caused or allowed the child to be sexually abused or exploited.
 - Mother Legal Father Biological Father
- The parent for reasons other than poverty alone has continuously or repeatedly failed to provide or is incapable of providing essential food, clothing, shelter, medical care or education reasonably necessary and available for the child's well-being and that there is no reasonable expectation of significant improvement in the parent's conduct in the immediately foreseeable future, considering the age of the child.
 - Mother Legal Father Biological Father

OTHER RELEVANT FACTORS:

The parent has been consistently unable to care for the immediate and ongoing physical or psychological needs of the child because of the parent's emotional illness, mental illness, or mental deficiency and the condition has been diagnosed by a qualified mental health professional.

Yes No

Mother

Legal Father

Biological Father

ATTACH THE FOLLOWING INFORMATION ON SEPARATE SHEETS:

- a. A witness list with name, address, telephone number of witness, and the specific events to which the witness can testify.
- b. A list of problems, services rendered, and results of these services. (See instructions for format)
- c. List any additional efforts made by the parents to adjust to their circumstances to make it in the child's best interest to return to his natural parents.
- d. Other relevant information

If there are children in the family who are not included in the petition, explain why they are excluded:

If there are other children born to these parents on whose behalf parental rights have been terminated briefly explain the circumstances and attach a copy of the TPR judgment from the case file, if available:

ATTACH THE FOLLOWING DOCUMENTS:

- Birth Certificate
- Death Certificate of mother
- Death Certificate of biological father
- Death Certificate of legal father
- Absent parent search report
- Police report verifying death of mother
- Police report verifying death of biological father
- Police report verifying death of legal father
- Marriage Certificate
- Divorce Certificate
- Medical, psychiatric, or psychological documents
- Other

Worker _____

Date:

County:

Telephone Number:

Supervisor _____

Date:

County:

Telephone Number: