

DSS Number:

DSS-177
Rev. (10/88)

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

REPORT OF FILING OF PETITION FOR INVOLUNTARY
TERMINATION OF PARENTAL RIGHTS

TO: _____, Attorney
Cabinet for Families and Children
Office of Counsel
275 East Main Street, 4 West
Frankfort, Kentucky 40621

NAME OF CIRCUIT COURT WHERE FILED:

STYLE OF CASE: CABINET FOR FAMILIES AND CHILDREN V.

FILE NO. _____ DSS NO. _____

DATE PETITION FILED:

DATE SUMMONSES SERVED: (Mother) _____ (Father) _____

(Child: By Service on Mother or Father)

Name of Guardian Ad Litem:

Address and Telephone No.

Date Appointed:

Name of Warning Order Attorney:

Address and Telephone No.

Date Appointed:

COMMENTS:

FAMILY SERVICES WORKER

WORKER'S TELEPHONE NUMBER

WORKER'S ADDRESS

CITY, STATE AND ZIP CODE

* NOTE: PLEASE DO NOT ATTEMPT TO SET A HEARING DATE. THAT WILL BE DONE THROUGH OFFICE OF
COUNSEL.