

CLIENT INFORMATION PACKET

Private Dependency Petitions

Dependency and Related Services

Fifth Judicial District of Pennsylvania, Dependency and Related Services
Family Law Center
440 Ross Street, Suite 309
Pittsburgh, PA 15219

Application for Private Dependency Petition

Included in this packet:

1. Private Dependency Petition Instruction Sheet
2. Application for Private Dependency Petition
3. Dependency Petition Certificate of Service
4. Notice of Language Rights

Please see enclosed instructions and fill out the Application for Private Dependency Petition.

If you have any questions, please email childprotection@allegheycourts.us or call 412-350-7638.

The completed Dependency Petition can be dropped off at the Family Law Center, 440 Ross Street, Pittsburgh, PA 15219 or mailed to:

**Family Law Center
Dependency and Related Services
440 Ross Street, Suite 309
Pittsburgh, PA 15219**

An emailed copy will also be accepted at childprotection@allegheycourts.us.

The Application for Private Dependency can also be found in the Allegheny County Children's Court Manual on the website

<https://www.allegheycourts.us/family/CourtManual/Children.aspx>

Application to File Private Dependency Petition Private Dependency Petition Instruction Sheet

The child welfare system is a large, complex system with many people who work to improve the lives of children and families. The Allegheny County Office of Children, Youth and Families (OCYF) is part of this system. OCYF works to protect children and strengthen families by offering social services. Many families voluntarily work with OCYF. Other families require supervision by the Court when working with OCYF.

A **dependency petition** is the legal paper that asks the Court to supervise a family while they work with OCYF. This petition is usually filed by OCYF, but anyone may ask the Court for permission to file a dependency petition on behalf of a child. The Allegheny County Court of Common Pleas, Family Division, provides one form that you may use to both 1) obtain permission to file a dependency petition, and 2) file a dependency petition. This form is called an Application to File Private Dependency Petition and Private Dependency Petition. **Before filing this form, you should know the following:**

- Children who are the subject of a dependency petition are appointed a **guardian *ad litem*** and/or an **attorney** by the Court. The guardian *ad litem's* job is to tell the Court what is in the child's best interests. The attorney's job is to tell the Court what the child thinks is in his or her best legal interests. The guardian *ad litem* and attorney will thoroughly investigate all areas of the child's life, including the child's home, school and medical condition. You might not agree with the position taken by the guardian *ad litem* and/or attorney.
- When OCYF is asked by the Court to investigate a private dependency petition, an OCYF caseworker will examine all areas of the child's life, including the child's home, school and medical condition.
- The OCYF caseworker will thoroughly investigate the child's parents, siblings and anyone who wants the child to live with them. The OCYF caseworker will also investigate anyone who resides with these people.
- If the Court agrees to supervise a family, the Court will determine where the child lives. If the child is placed in foster care, the parents can be financially responsible. You and the Court might not agree as to where the child should live.
- The Court will also decide if the child and/or the child's parents are in need of mental health, substance abuse or other services. You and the Court might not agree as to what services are needed.

Instructions:

1. You must complete all sections of the Application to File Private Dependency Petition and Private Dependency Petition form to the best of your ability and submit it to The Child Protection and Permanency Department. This can be done in one of the following ways:
 - in person (address below),
 - email at childprotection@allegheycourts.us
 - mail to the address below

Family Law Center
Dependency and Related Services
440 Ross Street, Suite 309
Pittsburgh, PA 15219
2. Court Administration will file the Petition and send you a copy of the filed Petition. This copy will contain the hearing date.
3. You must give a copy of the completed Application to File Private Dependency Petition and Private Dependency Petition form, with the hearing date, to child's mother, child's father, and child's legal guardian or custodian (if applicable). These people are called **parties** to the case. Court Administration will notify OCYF and the child's guardian *ad litem* and/or attorney of the hearing.
4. You must complete a **certificate of service** for each party. This packet contains a Certificate of Service form that you may use to show how a party was given the Application to File Private Dependency Petition and Private Dependency Petition form along with the hearing date. **The Court can deny your petition if all parties are not properly served, so you should be prepared to explain to the Court why you could not serve a party.**
5. **If you do not participate in the scheduled hearing, the Court can deny your request for permission to file a dependency petition and dismiss your case.** Requests to change the date or time of a hearing are not usually granted. To make such a request, you must file a written document called a **motion** with the Court. Information about how to file a motion can be found in the Children's Court Manual (www.allegheycourts.us/family/CourtManual/Children.aspx). If your motion to change the date or time of a hearing is granted, you must give a copy of the Order that reschedules the hearing to all parties and complete a new Certificate of Service form for each party

IN THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PA
FAMILY DIVISION – JUVENILE SECTION
APPLICATION TO FILE PRIVATE DEPENDENCY PETITION
PRIVATE DEPENDENCY PETITION

In the Interest of: _____ **DOCKET No.** _____
_____, **JID No.** _____
A minor _____ **KIDS ID No.** _____

Child's Information

Name: _____ DOB: _____ Age: _____ Sex: _____

Address: (Street/City/Zip) _____

Phone Number(s): _____

Race: ___ Asian/Pacific Islander ___ Bi-Racial
 ___ Black ___ Native American – Tribal Affiliation
 ___ Caucasian ___ Unknown

Ethnicity: ___ Hispanic ___ Not Hispanic ___ Unknown

Child's Mother: _____ DOB: _____

Address: _____

Phone Number(s): _____

Child's Father: _____ DOB: _____

Address: _____

Phone Number(s): _____

Child's Legal Custodian or Guardian: _____ DOB: _____

Address: _____

Phone Number(s): _____ Relationship to Child: _____

Child Currently Resides With: ___ Mother ___ Father ___ Both Parents ___ Legal Custodian/ Guardian

Other (Name/Relationship/Address/Phone):

Applicant and Petitioner ___ has ___ **has not** informed the Allegheny County Office of Children, Youth and Families about the above allegation(s).

Applicant and Petitioner ___ is ___ **is not** aware of any other current or prior Family Division proceedings concerning the child.

Nature of other proceedings: _____

WHEREFORE, Applicant and Petitioner asks this Honorable Court to approve this Application to File Private Dependency Petition.

WHEREFORE, Applicant and Petitioner asks this Honorable Court to set a hearing time to inquire into the allegations stated in this Private Dependency Petition and to make whatever orders deemed appropriate.

VERIFICATION

Applicant and Petitioner verifies that the facts set forth above are true and correct to the Applicant and Petitioner’s personal knowledge, information, or belief, and that any false statements are subject to the penalties of the Crimes Code, 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

DATE: _____
_____ Applicant/Petitioner

For Official Use Only

Hearing Date: _____ Time: _____

Judge: _____ Hearing Officer: _____

Location: ___ Family Law Center (440 Ross Street, Pittsburgh, PA 15219)

___ North Regional Courtroom (1010 Western Avenue Suite 301 Pittsburgh, PA 15233)

___ Mon Valley Regional Courtroom (355 Lincoln Hwy North Versailles, PA 15137)

___ East Regional Courtroom (10 Duff Road Pittsburgh, PA 15235)

___ Remote; Teams link to follow

Requests to change the date, time or place of a hearing are not usually granted. To make such a request, the requestor must file a written document called a **motion** with the Court. Information about how to file a motion can be found in the Children’s Court Manual (www.alleghencycourts.us/family/CourtManual/Children.aspx). If a motion to change the date, time or place of a hearing is granted, the requestor must give a copy of the Order that reschedules the hearing to all parties. Requestor must also complete a Certificate of Service for each party, which must be given to the Court at the time of the rescheduled hearing.

**THE COURT OF COMMON PLEAS OF ALLEGHENY COUNTY, PA
FAMILY DIVISION – JUVENILE SECTION**

In the Interest of:

DOCKET No. _____

JID No. _____

KIDS ID No. _____

_____,
a minor

**CERTIFICATE OF SERVICE
APPLICATION TO FILE PRIVATE DEPENDENCY PETITION
PRIVATE DEPENDENCY PETITION**

I certify that _____, the _____,
(Name of party served) (Relationship to Child)

of the minor child _____, was served a true and correct copy of the Application to File a
(Name of Child)

Private Dependency Petition and Private Dependency Petition pleading in the above-captioned case by the following method:

1. **CERTIFIED MAIL:** Party was served by pre-paid, certified mail through the U.S. Postal Service on the _____ day of _____, 20_____. The party or the party's authorized agent signed the green certified mail receipt, which has been returned to me by the postal authorities and is attached as proof of service.

2. **REGULAR MAIL:** Party was served by First Class postage pre-paid through the U.S. Postal Service on the _____ day of _____, 20_____.

3. **PERSONAL SERVICE:** A competent adult named _____, who is over eighteen (18)
(Name of person serving the pleading)

years old and **not** the applicant/petitioner in this case, served the party by handing him/her a copy of the pleading. The pleading

was served on _____, who is the party **or** the party's authorized agent, at the following address
(Name of person receiving the pleading)

_____, _____, _____ on the ____ day of
(Street name and number) (City) (State)

_____ at approximately _____ a.m. p.m.

4. **SERVICE ON ATTORNEY OF RECORD:** Party's attorney of record was served the pleading by personal service
 regular mail facsimile on the _____ day of _____, 20_____.

I verify that the statements made in this Certificate of Service are true and correct. I understand that any false statements made are subject to the penalties of 18 Pa.C.S. § 4909 relating to unsworn falsification to authorities.

DATE: _____

Signature of person who made service



NOTICE OF LANGUAGE RIGHTS

English: You have the right to an interpreter at no cost to you. To request an interpreter, please inform court staff using the contact information provided at the top of this notice.

Spanish/Español: Usted tiene derecho a un intérprete libre de costo. Para solicitar un intérprete favor de informármelo al personal judicial utilizando la información provista en la parte superior de este aviso.

Mandarin/Cantonese Simplified Chinese/普通话/粤语简体中文: 您有权获得免费的口译员服务。若需要口译员，请使用本通知上方提供的联系信息通知法院工作人员。

Mandarin/Cantonese Traditional Chinese/普通話/廣東話繁體中文: 您有權要求免費傳譯服務。如欲要求傳譯服務，請參閱本通知頂部的聯絡資料。通知法庭職員。

العربية/Arabic: يحق لك الحصول على مترجم دون دفع أي تكلفة من جانبك. لطلب مترجم، يرجى إعلام موظفي المحكمة باستخدام معلومات الاتصال المقدمة في الجزء العلوي من هذا الإشعار.

Russian/Русский: У вас есть право на бесплатные услуги переводчика. Заявка на переводчика подается в суд по адресу, телефону или эл. почте, указанным выше в заголовке этого уведомления.

Vietnamese/Tiếng Việt: Quý vị có quyền được một thông dịch viên giúp mà không tốn chi phí nào cả, xin hãy báo cho nhân viên tòa án dùng thông tin liên lạc có ở trên đầu thông báo này.

Nepali/नेपाली: तपाईंको निःशुल्क रूपमा भाषा अनुवादक राख्न पाउने अधिकार छ। अनुवादकको लागि अनुरोध गर्न, यस सूचनाको माथि दिइएको सम्पर्क जानकारी भरेर अदालतका कर्मचारीहरूलाई जानकारी दिनुहोस्।

Korean/한국어: 귀하는 비용에 대한 부담 없이 통역 서비스를 받을 권리가 있습니다. 통역 서비스를 요청하려면 본 통지서의 상단에 기재된 연락처를 통해 법원 직원에게 알려주세요.

Polish/Polski: Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

Pakistan/پنجابی/Punjabi: تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

Punjabi/ਪੰਜਾਬੀ/India: ਤੁਹਾਨੂੰ ਇੱਕ ਦੁਬਾਸੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਬਾਸੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉੱਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

Haitian Creole/Kreyòl Avisyen: Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsonèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

French/Français: Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.