

**Notification Of Assumption of Temporary Custody or Temporary Protective Custody of a Child**

The undersigned states that (he) (she) is a designated employee of the Department of Children and Family Services ("DCFS") or local law enforcement officer or treating physician who is authorized, pursuant to the Illinois Abused and Neglected Child Reporting Act (325 ILCS 5/1 et seq.) and the Juvenile Court Act (705 ILCS 405/1-1 et seq.) ("Acts") to assume temporary protective custody or temporary custody to protect a child's welfare where certain conditions and circumstances warrant.

The undersigned states also that the requisite conditions and circumstances, as required under either the Illinois Abused and Neglected Child Reporting Act or the Juvenile Court Act, exist for the assumption of Temporary Protective Custody or Temporary Custody.

The undersigned acknowledges that the authorized school official who released this child into temporary protective custody has done so on the good faith belief that the above representations are true.

The undersigned shall make every necessary effort pursuant to the Acts to notify the parent, guardian or other person responsible for the child's welfare, as well as DCFS, that he/she has taken temporary custody of this child as required by the Acts.

\_\_\_\_\_  
(Child's Name)

Time child released into temporary custody:

\_\_\_\_\_ : \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
(Title of Authorized Official)

\_\_\_\_\_  
TELEPHONE

RELEASE AUTHORIZED BY:

\_\_\_\_\_  
(Principal or Designee) ■