RELATIVE RESOURCE AFFIDAVIT (RRA) - PART I

CASE NUMBER: _____

Part I must be filed with the Court prior to leaving the court room.

Each Respondent shall complete a separate Affidavit.

I, (print your name) ______, a parent/guardian in this action, being duly sworn and upon oath, respond as follows to the requested information.

1. My Child's/Children's Grandparents

Child's Grandmother on Dother's side Father's side Deceased

Name:	Age_	□ Placement
Address:	City/State	D Support
Email:		3 rd Party Supervision
Phone:	Cell Phone:	Transportation
Other Contact Informatio	n:	
Child's Grandfather or	n 🔲 Mother's side 🗖 Father's side 🗖 Deceased	
		□ Placement
Name:	Age	□ Placement □ Support
Name: Address:	Age City/State	

2. My Children's Aunt/Uncle

Child's Aunt on D Mother	's side 🛛 Father's side 🗖 Deceased		
Name:		_Age	□ Placement
Address:	City/State		□ Support
Email:			□ 3 rd Party Supervision
Phone:	_ Cell Phone:		□ Transportation
Other Contact Information:			
Child's Uncle on 🗖 Mother's side	e 🛛 Father's side 🗖 Deceased		
Name:		_Age	□ Placement
Address:	City/State		□ Support
Email:			□ 3 rd Party Supervision
Phone:	_ Cell Phone:		□ Transportation

I swear under penalty of perjury that the above information is true and correct to the best of my knowledge and is a full and true disclosure of all information that is requested. By signing this form, I understand that the Department of Human Services may contact these individuals.

Signature of Parent/Guardian

Printed Name

Relationship to Child(ren)

Date

White: Court Yellow: OCA Pink: Parent

EPC.RRA.PART I

□ Mother's □ Father's □ Guardian

Household Number: _____

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REI	ATIVE RESOURCE AFFIDAVI	Γ (RRA) - PART II \Box Mother \Box	Father 🗆	Guardian
CAS	SE NUMBER:	Household Nun	nber:	
	II must be filed with the Court no lat occurs first.	ter than <u>seven (7) davs</u> after the Shelter Hearin	ng or prior to	the next scheduled hearing, <u>whic</u> l
Each	Respondent shall complete a separate	Affidavit.		
I, (p respo	rint your name)	, a parent/guardian on.	in this action,	, being duly sworn and upon oath
1.	Family Member or Friend			
	Relationship to the Child	□ Family Member □ Fri	iend	
	Name:		_Age	□ Placement
		City/State		□ Support
	Email:	· · · · · · · · · · · · · · · · · · ·		□ 3 rd Party Supervision
	Phone:	Cell Phone:		□ Transportation
	Other Contact Information:			
	Comments on Potential Placement with	th this person		
2.	Family Member or Friend			
	Relationship to the Child	Family Member D Frie	end	
	Name:	Age	DPlacen	nent
	Address:	City/State	🗆 Suppo	rt
	Email:		🛛 3 rd Par	rty Supervision
	Phone:	Cell Phone:	Trans	portation
	Comments on Potential Placement with	th this person		
3.	Family Member or Friend			
	Relationship to the Child	□ Family Member □ Frie	end	
	Name:	Age	□ Placen	nent
	Address:	City/State	🗆 Suppo	rt
	Email:		3 rd Par	rty Supervision
	Phone:	Cell Phone:	Trans	portation
	Comments on Potential Placement with	th this person		
4.	Family Member or Friend			
	Relationship to the Child	Family Member D Frie	end	
	Name:	Age	Placen	nent
		City/State	🗆 Suppo	rt
	Address:	City/Stute		
		ON//Suite	🗆 3 rd Par	rty Supervision

SE NUMBER:	Household Number	er:
Family Member or Friend		
Relationship to the Child	□ Family Member □ Friend	
Name:	Age	□ Placement
Address:	City/State	□ Support
Email:		□ 3 rd Party Supervision
Phone:	_ Cell Phone:	□ Transportation
Comments on Potential Placement wit	th this person	
Family Member or Friend		
Relationship to the Child	🛛 Family Member 🛛 Friend	
Name:	Age	□ Placement
Address:	City/State	□ Support
Email:		□ 3 rd Party Supervision
Phone:	_ Cell Phone:	□ Transportation
Comments on Potential Placement wit	th this person	
Family Member or Friend		
Relationship to the Child	🛛 Family Member 🗖 Friend	
Relationship to the Child		
	Age	□ Placement
Name:		
Name:Address:	Age	□ Support
Name: Address: Email:	Age	□ Support □ 3 rd Party Supervision
Name: Address: Email:	Age City/State Cell Phone:	□ Support □ 3 rd Party Supervision
Name: Address: Email: Phone:	Age City/State Cell Phone:	□ Support □ 3 rd Party Supervision
Name:Address: Email: Phone: Comments on Potential Placement wit	Age City/State Cell Phone: ith this person	□ Support □ 3 rd Party Supervision □ Transportation
Name:Address: Email: Phone: Comments on Potential Placement with Family Member or Friend Relationship to the Child	Age City/State Cell Phone: ith this person	□ Support □ 3 rd Party Supervision □ Transportation
Name:Address:Addres	Age City/State Cell Phone: ith this person ith this person D Family Member D Friend	 Support 3rd Party Supervision Transportation
Name:	Age Cell Phone: ith this person D Family Member D Friend Age	 Support 3rd Party Supervision Transportation Placement Support
Name:	AgeCity/StateCell Phone: ith this person D Family Member D Friend AgeCity/State	 Support 3rd Party Supervision Transportation Placement Support 3rd Party Supervision

I swear under penalty of perjury that the above information is true and correct to the best of my knowledge and is a full and true disclosure of all information that is requested. By signing this form, I understand that the Department of Human Services may contact these individuals.

Signature of Parent/Guardian

Printed Name