

NOTICE OF REMOVAL/AVISO DE TRASLADO

Check (✓) the applicable section (A or B) of this form./ Marque con ✓ la sección(es) pertinente (A o B) en este formulario.

A. Notice of Removal - School/Day Care/Safe Haven/Other Location
Aviso de Traslado Escuela/Cuidado Diurno/Refugio Seguro/Otro Local

As of _____ The following child(ren) _____
Desde _____ El siguiente niño(s) _____
Date /Fecha _____ Time/Hora _____ Name of Child(ren)/Nombre de niño(s) _____
_____ at _____
_____ en _____

Address of School/Day Care/Safe Haven/Other Location (No., Street, City, State, ZIP)
Dirección de Escuela/Cuidado Diurno/Refugio Seguro/Otro Local (Núm. Calle, Ciudad, Estado, Código Postal)

was/were placed into temporary custody by Arizona Department of Child Safety (DCS). A "Temporary Custody Notice" or other notice as appropriate to the situation concerning the above action will be served by DCS to the child(ren)'s parent, guardian or custodian following requirements of A.R.S. § 8-821, in addition to a copy of this notice of removal.

fue/fueron colocado(s) bajo la custodia temporal del Departamento de Seguridad del Menor (DCS por sus siglas en inglés) del Departamento de Seguridad del Menor de Arizona. Según los requisitos de A.R.S. § 8-821, además del presente Aviso de Traslado, DCS presentará al padre/madre/guardián o custodio del niño(s) un "Aviso de Custodia Temporal" u otro aviso pertinente a la situación y acción de referencia.

B. Notice of Removal - Court Ward
Aviso de Traslado Bajo Tutela del Tribunal

As of _____ The following child(ren) _____
Desde _____ El siguiente niño(s) _____
Date /Fecha _____ Time/Hora _____ Name of Child(ren)/Nombre de niño(s) _____
_____ at _____
_____ en _____

Address of School/Day Care/Safe Haven/Other Location (No., Street, City, State, ZIP)
Dirección de Escuela/Cuidado Diurno/Refugio Seguro/Otro Local (Núm. Calle, Ciudad, Estado, Código Postal)

was/were placed into temporary custody by Arizona Department of Child Safety (DCS). The Arizona Department of Child Safety intends to notify the court of the removal of the above-named child(ren) by filing a Motion for a Change of Physical Custody. If you are the parent, guardian or custodian and oppose the removal of the child from your physical custody, you or your attorney must notify the court and request a hearing.

fue/fueron colocado(s) bajo la custodia temporal de Departamento de Seguridad del Menor (DCS). El Departamento de Seguridad del Menor de Arizona va a presentar una Moción para Cambio de Custodia Física y así notifica al tribunal que el niño(s) mencionado arriba ha sido traslado(s). Si usted es el padre/madre, guardián o custodio de este niño(s) y se opone a que se le(s) traslada de sus custodia física, usted o su abogado debe así informarlo al tribunal y pedir una audiencia.

The following signature block pertains to section A or B, whichever is used, and must be completed.

La sección siguiente se relaciona con ambas partes A o B, la que se haya usado, y es requisito llenarla.

DCS REPRESENTATIVE'S NAME (Please Print and sign) <i>Nombre en letra de imprenta, y firma del representante del DCS</i>	DCS OFFICE PHONE NO. <i>TEL. OFICINA DE DCS</i>	DATE/FECHA
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DCS ADDRESS (No., Street, City, State, ZIP) *Dirección de DCS (Núm. Calle, Ciudad, Estado, Código Postal)*

DCS SUPERVISOR'S NAME (Please print and sign) <i>Nombre en letra de imprenta, y firma del supervisor(a) del DCS</i>	DATE/FECHA
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DISTRIBUTION: Original of section A – location of removal; **Original** of Section B – person(s) who had physical custody of the child at time of removal of a Court Ward; **Copy** of section A – parent, guardian or custodian to whom a Temporary Custody Notice is served, and the case record; **Copy** of section B – the case record.

See reverse for EOE/ADA/GINA Disclosures.
Vea al reverse para la Declaraciones de EOE/ADA/GINA.

Completion Instructions for CSO-1039A NOTICE OF REMOVAL

A. Purpose. This form gives information to:

1. Personnel at school, day care facility, safe haven or other location when a child is taken into Temporary Protective Custody by the Department of Child Safety (DCS) at such a location, and/or
2. Parent, guardian or custodian who had physical custody of a child at the time of a removal, but legal custody is with the Department of Child Safety.

B. Completion. This form has two sections as follows:

A. Notice of Removal – School/Day Care/ Other Location

This top half of the form is checked, filled in and given to personnel at a school, day care, other location from which a child is taken into temporary protective custody by DCS, a copy of this **A. Notice of Removal - School/Day Care/ Other Location** is also given to the parent, guardian or custodian with the **Temporary Custody Notice**.

B. Notice of Removal – Court Ward

In the event that DCS already has legal custody of a child who is removed from the physical custody of a parent, guardian or custodian a **B. Notice of Removal – Court Ward**, rather than a **Temporary Custody Notice** is given to the person(s) who had physical custody of the child at the time of the removal. The bottom half of the form is checked, filled in and given to the parent, guardian or custodian from whose physical custody the child is removed by DCS.

1. The last three boxed lines on the bottom of the form which include the DCS Representative's name and signature, address of the DCS office, and the name of the DCS Supervisor are filled out in all instances, whether section A or B of the form is used.
2. Special situations can occur related to a Notice of Removal such as:
 - a. In the event that a child who is removed from a school, daycare facility, or other location is already in the legal custody of the Department of Child Safety, and in the physical custody of a parent, guardian or custodian, **Notice of Removal – School/Day Care/ Other Location** is given to personnel at the location, and **B. Notice of Removal – Court Ward** is given to the person who had physical custody at the time of removal.
 - b. When foster parents or community group homes have physical custody of a child who is removed from a school, day care facility or other location, content of the removal notice to the foster parents or community group home is discussed with an Assistant Attorney General.

C. Distribution. Distribute as follows;

1. Original of **A. Notice of Removal – School/Day Care/ Other Location** is given to personnel at a school, day care facility, or other location from which a child is taken into temporary protective custody by DCS, a copy is given to the parent, guardian or custodian with the **Temporary Custody Notice**, and a copy is filed in the case record.
2. Original of **B. Notice of Removal – Court Ward** is given to the parent, guardian or custodian who had physical custody of the child at the time of removal, when legal custody is with the Department of Child Safety, and a copy is filed in the case record.
3. In the special situation indicated above in B.2.a., the original of **B. Notice of Removal – Court Ward** is given to the person(s) who had physical custody of the child(ren) at the time of removal, a copy of **A. Notice of Removal – School/Day Care/ Other Location** is given at the same time, and a copy of each part of the form is filed in the case record.

D. Retention. Copies as indicated in C. Distribution above are retained in the permanent case record.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-3598; TTY/TDD Services: 7-1-1. • Free language assistance for department services is available upon request.

Empleador/Programa con Igualdad de Oportunidades • Bajo los Títulos VI y VII de la Ley de Derechos Civiles del año 1964 (Título VI y VII) y la Ley de Estadounidenses con Incapacidades del año 1990 (ADA por sus siglas en inglés), Sección 504 de la Ley de Rehabilitación de 1973, la Ley de Discriminación a Edad de 1975, y el Título II de la Ley contra Discriminación a base de Información Genética (GINA por sus siglas en inglés) del año 2008, el Departamento prohíbe discriminar en los programas, entradas, servicios, actividades o el empleo basado en raza, color de piel, religión, sexo, origen nacional, edad, incapacidad, genética y represalias. El Departamento tiene que hacer arreglos razonables para permitir a una persona con una incapacidad participar en un programa, servicio o actividad. Esto significa, por ejemplo, que si es necesario el Departamento debe proporcionar intérpretes de lenguaje en señas para personas sordas, un establecimiento accesible para sillas de ruedas, o materiales con letras grandes. También significa que el Departamento tomará cualquier otra medida razonable que le permita a usted entender y participar en un programa o una actividad, incluso efectuar cambios razonables en la actividad. Si usted cree que su incapacidad le impedirá entender o participar en un programa o actividad, por favor infórmenos lo antes posible qué necesita para acomodar su incapacidad. Para obtener este documento en otro formato u obtener información adicional sobre esta política, comuníquese con 602-542-3598; Servicios de TTY/TDD: 7-1-1. • Ayuda gratuita con traducciones relacionadas a los servicios de departamento está disponible a solicitud del cliente.