

MISSOURI DEPARTMENT OF SOCIAL SERVICES – CHILDREN'S DIVISION
AUTHORIZATION TO PROVIDE ALTERNATIVE CARE - INSTRUCTIONS

PURPOSE:

The purpose of this form is to provide written authorization when the Children's Division has been asked to provide alternative care for a child when a juvenile officer, law enforcement official or a physician takes protective custody. The written authorization is valid up to twenty-four (24) hours from the time protective custody is taken, unless: 1.) the child is released from protective custody; or, 2.) a court order is signed by a judge/commissioner within the first twenty-four (24) hours.

The CS-33 may be used by a juvenile officer, law enforcement official or physician. Division staff should request the juvenile officer, law enforcement official or physician to complete the form prior to transporting the child to an alternative care provider.

NUMBER OF COPIES AND DISTRIBUTION:

This is a five (5) page self-carboning form. The original (white colored copy) is filed in the record. The second copy is given to the law enforcement official or physician. The third copy is given to the juvenile officer, the fourth copy is given to the foster parent(s) and the fifth copy is given to the biological parent(s) or caretaker(s).

INSTRUCTIONS FOR COMPLETION:

This form may be handwritten or typed. **A separate CS-33 must be used for each child taken into emergency protective custody by the juvenile officer, police officer or physician.**

Enter information in appropriate fields as follows:

I. **Identifying Information**

Check appropriate box at top of form, i.e., juvenile officer, law enforcement official or physician.

Officer/Official/Physician name: Enter the name of the juvenile officer, law enforcement official or physician who is taking protective custody and if law enforcement enter the Badge Number.

City, County of Jurisdiction: Enter the city, county of the officer's/official's jurisdiction or physician's practice.

Name of Child Taken into Custody: Enter the child's full name.

Date and Time Child Taken into Protective Custody: Enter the date and time the child was taken into protective custody.

Location of the Child at the Time Protective Custody was Taken: Enter the location where the child was taken into care.

Parent(s)/Caretaker(s) Name: Enter the biological parent(s)/caretaker(s) name.

Telephone: Enter the telephone number of the biological parent(s)/caretaker(s).

Address: Enter the address of the biological parent(s)/caretaker(s).

II. **Reason(s) for Protective Custody**

Summarize the facts which lead to protective custody.

III. **Court Order could not be Obtained**

IV. **Placement Authorization**

CD Alternative Care Placement: Enter the date and time alternative care placement begins and ends.

Signature, Title, Date: The juvenile officer, law enforcement official or physician and Children's Division worker should sign, designate their professional title, and affix a date that corresponds with the date of their signature on the appropriate line of this form.

V. **Child Released To**

Enter the name of the person the child was released from protective custody to, the person's relationship to the child, the person's business address, and their telephone number. Children's Division personnel should request the person to whom the child is released to sign and date the form at the time the child is released to that person's custody.

INSTRUCTIONS FOR RETENTION:

This form should be kept with the Family-Centered Out-of-Home care case file.

MEMORANDA HISTORY: CS87-110; CS99-8; [CD12-34](#); [CD12-90](#)