



TO: Name of Parent(s) or Guardian(s):			
Address: (No. and Street)	City	State	Zip
<b>RE:</b>			
Name of Child: _____		DOB: _____	
Name of Child: _____		DOB: _____	
Name of Child: _____		DOB: _____	
Name of Child: _____		DOB: _____	
Name of Child: _____		DOB: _____	
<p>This is to advise you that, pursuant to Connecticut General Statutes §17a-101g, a duly authorized agent for the Commissioner of Children and Families has determined that the immediate removal of your child(ren) from your home and/or custody through a 96-Hour Hold is necessary to ensure your child(ren)'s safety and well-being. The reason for this action is:</p>			
<p>The law allows the Department of Children and Families to hold your child(ren) for up to 96-hours during which an assigned Social Worker will contact you regarding the Department's plans.</p> <p>You may reach the office at _____, Monday through Friday from 8:30 a.m. to 4:30 p.m.        On weekends, after office hours and holidays, you may reach the Department by calling the  <b>Child Abuse and Neglect Careline at 1-800-842-2288.</b></p>			
Name of designated person who authorized this removal::		Title:	
<b>Immediate Removal Effective:</b>		<b>TIME:</b>	
Social Worker Name		Signature	