

SOCIAL SERVICES CUSTODY VERIFICATION FORM

TO BE COMPLETED WHEN COUNTY SOCIAL SERVICES PERSONNEL TAKE CUSTODY OF A MINOR CHILD PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTION 306

The undersigned, a social worker employed by the County of San Diego, Health and Human Services Agency, Children's Services, has presented himself/herself to _____, a person employed as a _____ at _____ School, a school within the San Diego Unified School District, to take custody of the minor child/children, and student/s at said school, named below (with date of birth):

- 1. _____
2. _____
3. _____

Custody of said minor/s is taken pursuant to Welfare and Institutions Code Section 306(a)(2) on the grounds that I have reasonable cause to believe said minor/s are persons described in subdivision (b) or (g) of Welfare and Institutions Code Section 300 and I have a reasonable belief that said minor/s has/have an immediate need for medical care or are in danger of physical or sexual abuse or the physical environment poses an immediate threat to the child's health or safety.

(Print name of social worker)

(Signature of social worker)

(Staple social worker's business card to this form)

(Social worker identification number)

(Date)

A copy of this form may be provided to the parents of the child/children taken into custody.