



# JUVENILE COURT

The Juvenile Court Clerk is the custodial of the court's records and all legal documents filed in Juvenile Court. The clerk's office is responsible for the preparation of the minutes (official record) of the Juvenile Court and processing the paperwork associated with the juvenile cases during their progress through the Juvenile Court System. People under the age of 18 are called minors

## **Jurisdiction**

The Juvenile Court has general jurisdiction over the following types of cases:

- Delinquent, unruly, dependant and neglected
- Guardianship
- Terminations of parental rights and surrenders of parental rights
- Judicial by-pass
- Traffic Citations-County and Tennessee Highway Patrol
- Emergency psychiatric commitments of juveniles
- Custody Cases
- Paternity in cases where the parties have not been married
- Emergency Removals
- Juvenile Court can accept jurisdiction in contributing cases

Honorable Darryl Edmondson presides over Juvenile Court, which is held on the first three Wednesdays of each month and begins at 9:00am. People under the age of 18 are called minors. There are two types of cases for minors. The first is Juvenile Dependency and deals with a minor when they are abused or neglected. The second is Juvenile Delinquency and deals with a minor when they break the law. Juvenile matters such as requests to establish support/nonsupport, proceedings related to parentage, paternity cases, legitimations, delinquency, unruly cases, traffic cases, consent orders, marriage waivers, custody, felony, misdemeanor cases and all other juvenile proceedings. Please call 992-3081 for information for filing fees and court costs.

The Juvenile Court Judge decides if the Court will take control of the minor's future. If it does, the Judge has to think about what is best for the minor and how to make the minor take responsibility for his or her actions. Then the Court decides how to take care of, treat and guide the minor. This can include punishment so the minor learns to obey the law. The Court wants the child to learn to be a positive member of his or her family and community.

### **Payment Policy**

We do not accept personal checks. Individuals may pay with a cashier's check, money order or cash.

### **Legal Advice**

Deputy Clerks **cannot** give legal advice. They will file your paperwork, but they cannot advise you on what action to take. You should consult an attorney for legal advice..

### **Court dates**

Juvenile Court is held on the first three Wednesdays of each month and begins at 9:00 a.m.

### **Hours of Operation**

The Juvenile Office is open Monday – Friday from 8:00 a.m. - 4:00 p.m. Telephone number is 865-992-3081.

# Application For Temporary Legal Custody

IN THE JUVENILE COURT OF UNION COUNTY, TENNESSEE

APPLICATION FOR TEMPORARY LEGAL CUSTODY

**PART I: Identifying Information**

NO: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Father: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Custodian: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Petitioner: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

**Part II: Current Circumstances of the Child/Children**

(a) Who does the child/children live with at this time? Explain the reason for this arrangement if the child/children are not living with the legal custodian.

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(b) List any special needs identified for the child/children (physical handicaps, developmental delays, emotional or behavioral problems, academic problems or health problems), services the child/children are currently receiving, the individuals or agencies providing the services, and the source of payment for the services.

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**Part III: Circumstances of the Mother**

(a) Briefly explain the mother's employment or source of income.

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(b) Briefly describe the mother's current housing.

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(c) Identify the current household members living with the mother.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Mother</u>

(d) List any disability (physical/mental/drug or alcohol abuse) of the mother and services the mother is currently receiving or has received for the disability.

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(e) Explain in detail any involvement by the mother with the Tennessee Department of Children's Services or the police. If the child/children have ever been in foster care, explain the reasons for the placement, when the placement occurred, the requirements of the foster care plan developed for the mother and the mother's compliance with the plan.

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(f) Briefly state the mother's response to this petition.

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**Part IV: Circumstances of the Father**

(a) Briefly explain the father's employment or source of income.

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(b) Briefly describe the father's current housing.

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(c) Identify the current household members living with the father.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Father</u>

(d) List any disability (physical/mental/drug or alcohol abuse) of the father and services the father is currently receiving or has received for the disability.

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(e) Explain in detail any involvement by the father with the Tennessee Department of Children's Services or the police. If the child/children have ever been in foster care, explain the reasons for the placement, when the placement occurred, the requirements of the foster care plan developed for the father and the father's compliance with the plan.

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(f) Briefly state the father's response to this petition.

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**Part IV: Circumstances of the Legal Custodian**

(a) Briefly explain the legal custodian's employment or source of income.

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(b) Briefly describe the legal custodian's current housing.

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(c) Identify the current household members living with the legal custodian.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Legal Custodian</u>
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(d) List any disability (physical/mental/drug or alcohol abuse) of the mother and services the legal custodian is currently receiving or has received for the disability.

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(e) Explain in detail any involvement by the legal custodian with the Tennessee Department of Children's Services or the police. If the child/children have ever been in foster care, explain the reasons for the placement, when the placement occurred, the requirements of the foster care plan developed for the legal custodian and the legal custodian's compliance with the plan.

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(f) Briefly state the legal custodian's response to this petition.

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**Part IV: Circumstances of the Petitioner**

(a) Briefly state why the petitioner is seeking temporary legal custody.

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(b) Identify the petitioner's relationship to the child/children, i.e., maternal grandmother, paternal uncle, etc.

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(c) Briefly explain the contact the petitioner has had with the child/children.

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(d) Identify the current household members living with the petitioner.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Petitioner</u>
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(e) Briefly describe the petitioner's current housing.

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(f) List any disability (physical/mental/drug or alcohol abuse) of the petitioner and services the petitioner is currently receiving or has received for the disability.

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(g) Has the petitioner or anyone in the petitioner's household had any involvement with the Department of Children's Services or the police? If so, please explain in detail.

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(h) Briefly state the petitioner's response to this petition.

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(i) Briefly explain the petitioner's employment or source of income, including a statement of estimated income, estimated expenses, ability to provide for the child/children financially, and services for which the petitioner would qualify if awarded temporary legal custody.

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(j) Will medical insurance or Medicaid be available for the child/children if temporary legal custody is awarded to the petitioner? Please explain and list the name of the health care provider and/or the child/children's Medicaid number.

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(k) Is the petitioner willing to participate in or arrange for any special services recommended for the child/children: i.e. counseling services?

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(l) What visitation will the child/children have with the legal custodian, the mother or the father if temporary legal custody is awarded to the petitioner? If no visitation is recommended by the petitioner, please explain why visitation should not occur.

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Please list three (3) character references who have personal knowledge of the petitioner and who could express an opinion about the petitioners' ability to care for the child/children.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

The information contained herein is subject to verification by the Tennessee Department of Children's Services and/or a Guardian Ad Litem appointed by the Court to represent the child/children.

**AFFIDAVIT**

STATE OF TENNESSEE )

) SSN: \_\_\_\_\_

COUNTY OF UNION )

I, \_\_\_\_\_ do hereby affirm that the information contained in the following Application for Temporary Legal Custody is true and to the best of my knowledge, information and belief.

\_\_\_\_\_  
Petitioner/Applicant

\_\_\_\_\_  
Petitioner/Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Clerk of Court / Notary Public

# Application For Return Of Custody

IN THE JUVENILE COURT OF UNION COUNTY, TENNESSEE

APPLICATION FOR RETURN OF CUSTODY

NO: \_\_\_\_\_

**PART I: Identifying Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Father: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Custodian: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Petitioner: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

**Part II: Current Circumstances of the Child/Children**

(a) Who does the child/children live with at this time? Explain the reason for this arrangement if the child/children are not living with the legal custodian.

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(b) List any special needs identified for the child/children (physical handicaps, developmental delays, emotional or behavioral problems, academic problems or health problems), services the child/children are currently receiving, the individuals or agencies providing the services, and the source of payment for the services.

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**Part III: Circumstances of the Mother**

(a) Briefly explain the mother's employment or source of income.

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(b) Briefly describe the mother's current housing.

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(c) Identify the current household members living with the mother.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Mother</u>
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(d) List any disability (physical/mental/drug or alcohol abuse) of the mother and services the mother is currently receiving or has received for the disability.

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(e) Explain in detail any involvement by the mother with the Tennessee Department of Children's Services or the police. If the child/children have ever been in foster care, explain the reasons for the placement, when the placement occurred, the requirements of the foster care plan developed for the mother and the mother's compliance with the plan.

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(f) Briefly state the mother's response to this petition.

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**Part IV: Circumstances of the Father**

(a) Briefly explain the father's employment or source of income.

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(b) Briefly describe the father's current housing.

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(c) Identify the current household members living with the father.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Father</u>

(d) List any disability (physical/mental/drug or alcohol abuse) of the mother and services the father is currently receiving or has received for the disability.

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(e) Briefly describe the petitioner's current housing.

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(f) List any disability (physical/mental/drug or alcohol abuse) of the petitioner and services the petitioner is currently receiving or has received for the disability.

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(g) Has the petitioner or anyone in the petitioner's household had any involvement with the Department of Children's Services or the police? If so, please explain in detail.

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(h) Briefly state the petitioner's response to this petition.

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(i) Briefly explain the petitioner's employment or source of income, including a statement of estimated income, estimated expenses, ability to provide for the child/children financially, and services for which the petitioner would qualify if awarded temporary legal custody.

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(j) Will medical insurance or Medicaid be available for the child/children if temporary legal custody is awarded to the petitioner? Please explain and list the name of the health care provider and/or the child/children's Medicaid number.

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(k) Is the petitioner willing to participate in or arrange for any special services recommended for the child/children: i.e. counseling services?

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(l) What visitation will the child/children have with the legal custodian, the mother or the father if temporary legal custody is awarded to the petitioner? If no visitation is recommended by the petitioner, please explain why visitation should not occur.

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Please list three (3) character references who have personal knowledge of the petitioner and who could express an opinion about the petitioner's ability to care for the child/children.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The information contained herein is subject to verification by the Tennessee Department of Children's Services and/or a Guardian Ad Litem appointed by the Court to represent the child/children.

**AFFIDAVIT**

STATE OF TENNESSEE )

) SSN: \_\_\_\_\_

COUNTY OF UNION )

I, \_\_\_\_\_ do hereby affirm that the information contained in the following Application for Temporary Legal Custody is true and to the best of my knowledge, information and belief.

\_\_\_\_\_  
Petitioner/Applicant

\_\_\_\_\_  
Petitioner/Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Clerk of Court / Notary Public

# Application for Visitation

IN THE JUVENILE COURT OF UNION COUNTY, TENNESSEE

APPLICATION FOR VISITATION

NO: \_\_\_\_\_

**PART I: Identifying Information**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Father: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Custodian: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Petitioner: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell/Work: ( \_\_\_\_\_ ) \_\_\_\_\_

**Part II: Current Circumstances of the Child/Children**

(a) Who does the child/children live with at this time? Explain the reason for this arrangement if the child/children are not living with the legal custodian.

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(b) List any special needs identified for the child/children (physical handicaps, developmental delays, emotional or behavioral problems, academic problems or health problems), services the child/children are currently receiving, the individuals or agencies providing the services, and the source of payment for the services.

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**Part III: Circumstances of the Mother**

(a) Briefly explain the mother's employment or source of income.

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(b) Briefly describe the mother's current housing.

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(c) Identify the current household members living with the mother.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Mother</u>

(d) List any disability (physical/mental/drug or alcohol abuse) of the mother and services the mother is currently receiving or has received for the disability.

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(e) Explain in detail any involvement by the mother with the Tennessee Department of Children's Services or the police. If the child/children have ever been in foster care, explain the reasons for the placement, when the placement occurred, the requirements of the foster care plan developed for the mother and the mother's compliance with the plan.

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(f) Briefly state the mother's response to this petition.

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**Part IV: Circumstances of the Father**

(a) Briefly explain the father's employment or source of income.

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(b) Briefly describe the father's current housing.

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(c) Identify the current household members living with the father.

<u>Name:</u>	<u>D.O.B.</u>	<u>Relationship to Father</u>
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(d) List any disability (physical/mental/drug or alcohol abuse) of the mother and services the father is currently receiving or has received for the disability.

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(e) Briefly describe the petitioner's current housing.

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(f) List any disability (physical/mental/drug or alcohol abuse) of the petitioner and services the petitioner is currently receiving or has received for the disability.

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(g) Has the petitioner or anyone in the petitioner's household had any involvement with the Department of Children's Services or the police? If so, please explain in detail.

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(h) Briefly state the petitioner's response to this petition.

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(i) Briefly explain the petitioner's employment or source of income, including a statement of estimated income, estimated expenses, ability to provide for the child/children financially, and services for which the petitioner would qualify if awarded temporary legal custody.

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(j) Will medical insurance or Medicaid be available for the child/children if temporary legal custody is awarded to the petitioner? Please explain and list the name of the health care provider and/or the child/children's Medicaid number.

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(k) Is the petitioner willing to participate in or arrange for any special services recommended for the child/children: i.e. counseling services?

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(l) What visitation will the child/children have with the legal custodian, the mother or the father if temporary legal custody is awarded to the petitioner? If no visitation is recommended by the petitioner, please explain why visitation should not occur.

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Please list three (3) character references who have personal knowledge of the petitioner and who could express an opinion about the petitioner's ability to care for the child/children.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Petitioner: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The information contained herein is subject to verification by the Tennessee Department of Children's Services and/or a Guardian Ad Litem appointed by the Court to represent the child/children.

**AFFIDAVIT**

STATE OF TENNESSEE )

) SSN: \_\_\_\_\_

COUNTY OF UNION )

I, \_\_\_\_\_ do hereby affirm that the information contained in the following Application for Temporary Legal Custody is true and to the best of my knowledge, information and belief.

\_\_\_\_\_  
Petitioner/Applicant

\_\_\_\_\_  
Petitioner/Applicant

Sworn to and subscribed before me this

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Clerk of Court / Notary Public

# Temporary Bench Order Of Legal Custody

**IN THE JUVENILE COURT FOR UNION COUNTY, TENNESSEE**

**IN THE MATTER OF:**

**DOCKET #:** \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

A Child/Children Under Eighteen (18) Years of Age

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**TEMPORARY BENCH ORDER OF LEGAL CUSTODY**

This cause came to be heard on \_\_\_\_/\_\_\_\_/\_\_\_\_, before the Honorable Judge Darryl W.

Edmondson, Judge of the Juvenile Court of Union County, Tennessee, upon the petition concerning the above-named child/children, the testimony of witnesses, the evidence received, reports and affidavits received, statements and arguments of counsel, and the entire record, from which the Court finds:

- That probable cause exists to believe the above named child/children is/are dependent and neglected;
- By clear and convincing evidence that the above-named child/children is/are dependent and neglected;
- By clear and convincing evidence that the above named child/children is/are unruly and in need of treatment and rehabilitation, and that the juvenile-family crisis intervention program has certified that there is no other measure less dramatic than commitment;
- On proof beyond a reasonable doubt that the above-named child/children is/are delinquent based upon the offense of:

\_\_\_\_\_  
\_\_\_\_\_

and that said child/children is/are in need of treatment and rehabilitation.

The Court further finds that continuation of the child/children in the home is contrary to the welfare of the child/children, that there is no less dramatic alternative to removal, and that:

- Reasonable efforts were made to prevent the child/children's removal from the home;
- It was not reasonable or in the best interest of the child/children to prevent removal from the home;
- Reasonable efforts were not made to prevent the child/children's removal;

It appearing to the Court that the following is in the best interest of the above-named child/children and the public, **IT IS ORDERED:**

1. That the temporary custody of the above-named child/children is hereby awarded to the State of Tennessee, Department of Children's Services, with the authority to consent to any ordinary or necessary medical, surgical, hospital, psychological, psychiatric, institutional, or educational care.
2. That the state, county, or local agencies with information or records relevant to the child/children's situation, including any public or private medical or mental health treatment resources and all educational facilities, shall release such information or records as necessary for the management of this case to the Department of Children's Services and to any authorized representative of the case management team of a community service agency under T.C.A. 37-5-301 et seq. which is providing coordination of care and services with the Department of Children's Services.

☐ That this is a temporary order, signed from the bench, and will be followed by a more complete order as soon as practicable.

☐ That this case is set for further hearing on: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ And IT IS FURTHER ORDERED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENTER this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Darryl W. Edmondson  
Juvenile Judge

# Juvenile Court Cost



Docket # \_\_\_\_\_

### UNION COUNTY JUVENILE COURT

In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_

Respondent: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Parents & Custodians are responsible for debts incurred by their minor children.\*\***

<u>Filing Fee</u>		<u>Fines or other Cost</u>	<u>Total</u>
Petitions with service	\$122.00	+ _____	= _____
Petitions without service	\$100.00	+ _____	= _____

<u>Court Costs</u>			
Criminal (PI, Underage Consumption, etc.)	\$129.00	+ _____	= _____
Drug	\$129.00	+ _____	= _____
Truancy	\$129.00	+ _____	= _____
Tobacco 1 <sup>st</sup> Offense	\$109.00	+ _____	= _____
Tobacco 2 <sup>nd</sup> Offense	\$167.00	+ _____	= _____
Traffic	\$64.00	+ _____	= _____
Traffic School	\$55.00	+ _____	= _____
Seatbelt 1 <sup>st</sup> Offense	\$10.00	+ _____	= _____
Seatbelt 2 <sup>nd</sup> Offense	\$20.00	+ _____	= _____
Violation of Probation	\$90.00	+ _____	= _____

<u>Services</u>			
Drug Screens	\$38.00	+ _____	= _____
Reset fees	\$7.00	+ _____	= _____
Certified Copies	\$5.00	+ _____	= _____
Fax filing fee	\$7.00	+ _____	= _____
Copies (per page)	\$.50 cents	+ _____	= _____
Other	\$ _____	+ _____	= _____

#### Administrative Fee

A lawyer has been appointed in this matter the family is assessed an administrative fee of \$ \_\_\_\_\_.

In accordance with TCA 370-1-136.

Name of Attorney: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Amount Owed: \_\_\_\_\_

**Review Date:** \_\_\_\_\_

# Juvenile Summons

**IN THE JUVENILE COURT FOR UNION COUNTY, TENNESSEE**

\_\_\_\_\_  
Petitioner,

VS.

CASE #

\_\_\_\_\_  
Respondent

**SUMMONS**

To any lawful officer:  
You are hereby required to summons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Regarding:** \_\_\_\_\_, a juvenile

**YOU ARE HEREBY SUMMONED** and required to appear before the Juvenile Court of Union County, Tennessee on the **13TH** day of **MAY, 2009** at **9:00am** to answer said petition, a copy of which is herewith served upon you. This you shall not omit under lawful penalty described by law.

Witness Barbara J. Williams, Clerk of the Union County Juvenile Court of Maynardville, Tennessee,

This the 7th day of April, 2009.

\_\_\_\_\_  
Barbara J. Williams, Clerk

\_\_\_\_\_  
Assistant Youth Service Officer

**RETURN OF SERVICE OF SUMMONS**

I received this summons on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I hereby certify and return that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. I:

served this summons and petition on the respondent above named in the following manner:

\_\_\_\_\_

failed to serve this summons and petition:

\_\_\_\_\_

\_\_\_\_\_  
Sherriff's Department

# Juvenile Subpoena

**IN THE JUVENILE COURT FOR UNION COUNTY, TENNESSEE**

**SUBPOENA TO TESTIFY**

STATE OF TENNESSEE  
Plaintiff,

Docket #:

Vs.

\_\_\_\_\_, a juvenile  
Defendant

To any lawful officer of Tennessee:  
You are hereby commanded to subpoena in person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To appear before the **Union County Juvenile Court** in the Court Room of said Court at **Maynardville, TN**, in said County on **Wednesday** the **10th** day of **June, 2009 @ 9:00 A.M.** to testify to the truth regarding the above reference cases. Failure to appear may result in contempt of court charges being filed which may include a jail sentence.

Witness, **Barbara Williams** Clerk of our said Court at office in Maynardville.

This the 7th day of April, 2009.

\_\_\_\_\_  
Clerk

\_\_\_\_\_  
Assistant Youth Service Officer

**RETURN**

Come to hand same day issued and executed in full by subpoenaing the within named witness to appear as directed in said Subpoena, except those marked thereon as not found.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Sheriff/Deputy Sheriff

Juvenile Subpoena  
Duces Tecum

**IN THE JUVENILE COURT FOR UNION COUNTY, TENNESSEE**

RE: \_\_\_\_\_, a juvenile

DOB:

CASE: #

**SUBPOENA DUCES TECUM**

To any lawful officer of Tennessee:  
You are hereby commanded to subpoena in person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bring to court the following:** \_\_\_\_\_  
\_\_\_\_\_

To appear before the Juvenile Court, in the Courtroom of said court at Maynardville, Tennessee, on the **18th** day of **March, 2009**, at **9:00 A.M.** before the Honorable Darryl W. Edmondson, to testify and truth to say and to further provide evidence for the above styled case. **Failure to appear can result in contempt of court charges being filed and can include a jail sentence.**

Witness, **Barbara Williams** Clerk of our said Court at office in Maynardville.

This the **17th** day of **Febraury, 2009**.

\_\_\_\_\_  
Clerk

\_\_\_\_\_  
Deputy Clerk

**RETURN**

Come to hand same day issued and executed in full by summoning the within named \_\_\_\_\_ to appear as directed in said Subpoena Duces Tecum, except those marked thereon as not found.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
Sheriff/Deputy Sheriff

Juvenile  
Order To Show Cause

IN THE JUVENILE COURT FOR UNION COUNTY, TENNESSEE

AT MAYNARDVILLE

NO.

IN THE MATTER OF:  
A CHILD UNDER THE AGE OF EIGHTEEN

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**ORDER TO SHOW CAUSE**

---

**ISSUE DATE:**

TO THE SHERIFF OF **UNION** COUNTY, TENNESSEE

You are hereby notified to serve notice \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_. You are hereby ordered to appear before the Honorable  
Darryl W. Edmondson, Judge of the Juvenile Court for Union County, Tennessee, at the courthouse in the  
City of Maynardville, Tennessee on the **18TH OF MARCH, 2009 @ 9:00AM**, to show cause, why  
**YOU HAVE FAILED TO APPEAR IN COURT ON 1-14-09 AND TO SHOW CAUSE WHY YOU  
SHOULD NOT BE FOUND IN CONTEMPT OF COURT.** Failure to appear at show cause hearing  
may result in contempt of court charges being filed which can include a fine and/or jail sentence.

\_\_\_\_\_  
DEBRA L. McDEARMAN  
ASSISTANT YOUTH SERVICE OFFICER

- Came to hand same day issued and executed as commanded by reading the within ORDER TO  
SHOW CAUSE to \_\_\_\_\_ and citing for trial on the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SHERIFF OR DEPUTY SHERIFF

# Juvenile Capias-Instanter

IN THE JUVENILE COURT FOR UNION COUNTY, TENNESSEE

STATE OF TENNESSEE,  
Plaintiff,

Vs.

CASE #

\_\_\_\_\_  
**Defendant.**

CAPIAS-INSTANTER

To any lawful officer of Tennessee:  
You are hereby commanded to take the body of:

\_\_\_\_\_ **DOB:** \_\_\_\_\_ whose last known address is,  
\_\_\_\_\_. If to be found in your County, and him/her  
safely keep, so that you have him/her before the **Judge** of our **Juvenile Court** now sitting  
for the County of Union, at the Courthouse in the town of Maynardville, Tennessee  
instanter, then and there to answer the State for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

Herein fail not, and have you then and there this Writ.  
Witness **Barbara Williams, Clerk** of our said court at office in Maynardville,  
Tennessee.

This the **04th** day of **September, 2008**.

\_\_\_\_\_  
Barbara J. Williams, Clerk

\_\_\_\_\_  
Debbie McDearman, Asst. YSO

RETURN

Came to hand \_\_\_\_\_ and executed

\_\_\_\_\_  
This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Sheriff/Deputy Sheriff

\$ \_\_\_\_\_ CASH BOND CAPIAS