

**RELATIVE RESOURCE AFFIDAVIT (RRA) - PART I**

Mother's  Father's  Guardian

**CASE NUMBER:** \_\_\_\_\_

**Household Number:** \_\_\_\_\_

**Part I must be filed with the Court prior to leaving the court room.**

**Each Respondent shall complete a separate Affidavit.**

I, (print your name) \_\_\_\_\_, a parent/guardian in this action, being duly sworn and upon oath, respond as follows to the requested information.

**1. My Child's/Children's Grandparents**

**Child's Grandmother on**  **Mother's side**  **Father's side**  **Deceased**

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement  
Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support  
Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation  
Other Contact Information: \_\_\_\_\_

**Child's Grandfather on**  **Mother's side**  **Father's side**  **Deceased**

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement  
Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support  
Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

**2. My Children's Aunt/Uncle**

**Child's Aunt on**  **Mother's side**  **Father's side**  **Deceased**

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement  
Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support  
Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation  
Other Contact Information: \_\_\_\_\_

**Child's Uncle on**  **Mother's side**  **Father's side**  **Deceased**

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement  
Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support  
Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

**I swear under penalty of perjury that the above information is true and correct to the best of my knowledge and is a full and true disclosure of all information that is requested. By signing this form, I understand that the Department of Human Services may contact these individuals.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child(ren)

**RELATIVE RESOURCE AFFIDAVIT (RRA) - PART II**

Mother  Father  Guardian

**CASE NUMBER:** \_\_\_\_\_

**Household Number:** \_\_\_\_\_

**Part II must be filed with the Court no later than seven (7) days after the Shelter Hearing or prior to the next scheduled hearing, which ever occurs first.**

**Each Respondent shall complete a separate Affidavit.**

I, (print your name) \_\_\_\_\_, a parent/guardian in this action, being duly sworn and upon oath, respond as follows to the requested information.

**1. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Other Contact Information: \_\_\_\_\_

Comments on Potential Placement with this person \_\_\_\_\_

**2. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Comments on Potential Placement with this person \_\_\_\_\_

**3. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Comments on Potential Placement with this person \_\_\_\_\_

**4. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Comments on Potential Placement with this person \_\_\_\_\_

**RELATIVE RESOURCE AFFIDAVIT (RRA) - PART II**

Mother  Father  Guardian

**CASE NUMBER:** \_\_\_\_\_

**Household Number:** \_\_\_\_\_

**5. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Comments on Potential Placement with this person \_\_\_\_\_

**6. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Comments on Potential Placement with this person \_\_\_\_\_

**7. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Comments on Potential Placement with this person \_\_\_\_\_

**8. Family Member or Friend**

**Relationship to the Child** \_\_\_\_\_  Family Member  Friend

Name: \_\_\_\_\_ Age \_\_\_\_\_  Placement

Address: \_\_\_\_\_ City/State \_\_\_\_\_  Support

Email: \_\_\_\_\_  3<sup>rd</sup> Party Supervision

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  Transportation

Comments on Potential Placement with this person \_\_\_\_\_

**I swear under penalty of perjury that the above information is true and correct to the best of my knowledge and is a full and true disclosure of all information that is requested. By signing this form, I understand that the Department of Human Services may contact these individuals.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child(ren)