|  |
| --- |
| Unable to Locate |

**Case Number: Case Name:**

**Assessment Number:**

**Section 1: Assessment Summary**

|  |  |  |
| --- | --- | --- |
| Name:  Role:  Refused to be interviewed  Unable to be interviewed     |  |  | | --- | --- | | Cancel | Save | |

**Summary of current allegations/Type of maltreatment alleged:**

**Section 2: Chronology Information**

**Investigative Related Data**

|  |  |  |
| --- | --- | --- |
| Report received : | *mm/dd/yyyy* | 99:99 AM/PM |
| Assigned by Supervisor | *mm/dd/yyyy* | 99:99 AM/PM |
| Inv Worker Received Report: | *mm/dd/yyyy* | 99:99 AM/PM |
| First Attempt to Make Contact: | *mm/dd/yyyy* | 99:99 AM/PM |
| First Face to Face Contact Made with Victim: | *mm/dd/yyyy* | 99:99 AM/PM |
| First FSOS Consultation: | *mm/dd/yyyy* | 99:99 AM/PM |

**Roles of Individuals Interviewed**

|  |  |  |
| --- | --- | --- |
| Alleged Perpetrator  Alleged Victim  Attorney  Clergy  Custodial Parent  Day Care Provider  Employer  EMS/Fire Department  Former Spouse | Family Friend  Family Support/Kames  Forensic Consultation  Household Member-Related  Household Member Non-Related  Landlord  Law Enforcement  Medical Provider | Mental Health Provider  Neighbor |
| Non-Custodial Parent  Paramour/Partner  Relative |
| School Personnel  No collateral contact |
| Spouse |
|  |
|  |
|  |  |
|  |  |  |
|  |  |  |

**Evidence Collected**

|  |  |  |
| --- | --- | --- |
| Child Care Provider records  Court records  Law Enforcement records  Drug Screen | Medical records  Mental Health records  Other CPS agency records | Photographs  School records  Substance abuse assessment |

**Investigation narrative:**

|  |  |
| --- | --- |
|  |  |
|  |  |

**Section 3: Assessment Results**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Incident  Date | Primary Individual | Alleged Perpetrator | Program/Sub Program | Determination | Determination Date | Alleged Perpetrator Role |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |