

**(NOTICE OF ADULT FATALITY)**  
**(Please fill out this form completely)**

1. Date of central office notification: \_\_\_\_\_ Date/time of death: \_\_\_\_\_

2. County assigned: \_\_\_\_\_

3. Service Region: \_\_\_\_\_

4. TWIST #: \_\_\_\_\_

5. Type of case:

- New investigation
- Open investigation
- Ongoing services case

6. Adult victim information

Adult's name: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Location of death (if known): \_\_\_\_\_

Coroner's report/death certificate requested/obtained:  Yes  No

7. Briefly describe/summarize what led to the adult's death (Required):

8. Alleged perpetrator information:

Alleged perpetrator's name: \_\_\_\_\_

Is the alleged perpetrator an employee or volunteer of an adult care provider or who is otherwise acting with an expectation of compensation who is in a caregiving role?  Yes  No

\* If yes, please provide the agency/facility name: \_\_\_\_\_

Alleged perpetrator's relationship to the victim: \_\_\_\_\_

9. Does the victim have prior APS involvement?  Yes  No (if yes, please provide TWIST history below.)

Referral Date:	Intake ID#:	Program/Subprogram	Finding/Perp Name

10. Is a media inquiry expected?  Yes  No If yes, describe: \_\_\_\_\_

11. Worker name: \_\_\_\_\_ Phone number: \_\_\_\_\_

12. Supervisor name: \_\_\_\_\_ Phone number: \_\_\_\_\_