**CASE NAME**:       **CHILD’S NAME**:       **F/NF NUMBER**:

**DCBS #:**       **COUNTY**:       **REGION**:

**FATALITY/NEAR FATALITY INVESTIGATION:**

Intake Summary/DPP 115 fatality/near fatality investigation

ADT for Fatality/Near Fatality Investigation

Autopsy Results (if applicable)

Pediatric Forensics Report (if applicable)

911 Call Records

Drug Screens

Medical Records from All Hospitals on F/NF victim (include records for siblings if applicable)

Birth Records for any F/NF where the victim is less than 1 year old.

EMS/ Police/ Fire Records

AOC Records

Court Documentation for Fatality/Near Fatality Investigation

Photos from investigation

Foster Home File (if applicable)

**PRIOR HISTORY/ONGOING:**

Intake Summary/DPP 115 (grouped in chronological order oldest to newest with ADT/Ongoing documentation)

ADT (grouped with intake summary/115 in chronological order)

Case Plans

Service Recordings

Documentation from ongoing services (FPP, Mental Health Services, Substance Abuse Treatment, etc.)

Court documentation for all prior investigation/ongoing cases

Medical Records not related to the F/NF.

**SIGNATURES:**

Specialist Date FSOS Date

SRA/Designee (if applicable) Date