**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