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