



REPORT OF ADULT CHILD
DEPENDENCY NEGLECT ABUSE

JUVENILE SERVICES
 DRUG COURT
 PRETRIAL
 OTHER
COUNTY _____

Confidential report of suspected child and adult abuse / neglect / dependency or exploitation.

1. TYPE OF REPORT: _____ CHILD _____ ADULT _____ SPOUSE
Name _____ age _____ Name _____ age _____
Name _____ age _____ Name _____ age _____
Name _____ age _____ Name _____ age _____

2. CURRENT ADDRESS: _____ TELEPHONE: _____
Street: _____ Work: _____
City: _____ Home: _____
State: _____

3. PARENT(S) / GUARDIAN / CARETAKER:
Name: _____ Relationship: _____
Name: _____ Relationship: _____

4. OTHER KNOWN HOUSEHOLD MEMBERS:
Name(s): _____ Age(s): _____ Relationship: _____

5. ALLEGED PERPETRATORS:
Name(S): _____ Relationship: _____ Address: _____

6. Describe nature/extent/causes of abuse/neglect/dependency, or exploitation. List witnesses and/or collateral contacts, previous incidents or known reports.

7. This report to CHFS was made by: Name: _____ Title: _____
Telephone report made to CHFS: Date: _____ Written report to CHFS made: Date _____

8. Law Enforcement Notification sent to: _____, Law Enforcement Agency