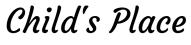


Child's Place Children's Advocacy Center

## Forensic Interview Intake Form

Referral Date:		Referring Agency:				
Person completing form:						
Phone Number:						
Victim Information						
Name:		Gender:				
DOB:	Age:		Race/Ethnicity:			
Current Address:						
Who has legal custody:						
Currently living with:			Relationship to victim:			
Any special accommodations or concerns:						
Deaf/Hard of Hearing		Blind		Cognitive/Mental Disability		
Physical Disability		Other				
History of Domestic Violence in	the home?		Yes	No		
Interpreter needed?	No	Yes	If yes, language	e needed		
Non-offending Caregiver(s) Information						
Name(s):						
Race/Ethnicity:						
Address:						
Phone Number:			Are they awa	are Child's Place will be calling?	Yes	No
Who will be transporting the child?						
Alleged Offender Information						
Name:				Gender:		
DOB:	Age:		Race/	Ethnicity:		
Relationship to victim:						
Identified MDT Members						
Law Enforcement:			Others	Attending:		
Child Protection:						
County Attorney:						





Children's Advocacy Center

## **Forensic Interview Intake Form**

## **Alleged Maltreatment Information**

Primary type of maltreatment:

Date of incident:

Additional Concerns:

Location of incident:

Initial disclosure (who did the victim tell, when did the victim tell, what did the victim say?):