

_____ **County Department of Social Services**
enter a date.

TO: District Attorney of County & Law Enforcement Agency

FROM: Director or designee Name:

Address:

Phone Number:

Regarding: §7B-307 Notification to District Attorney & Law Enforcement Agency
 G.S. 14-318.6 Notification to Law Enforcement Agency

On our agency notified you by phone that a report was received that contains information or evidence that the child(ren) named in this report have been:

- | | |
|---|---|
| <input type="checkbox"/> Abused as defined by G.S. 7B-101,
Type of Maltreatment:
<input type="checkbox"/> Physical Abuse
<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Emotional Abuse
<input type="checkbox"/> Human Trafficking | <input type="checkbox"/> Physically harmed in violation of any criminal statute by any person other than the juvenile’s parent, guardian, custodian, or caretaker.
<input type="checkbox"/> Violent Offense
<input type="checkbox"/> Serious Bodily Injury (as defined in G.S. 14-318.4(d))
<input type="checkbox"/> Serious Physical Injury (as defined in G.S. 14.318.4(d))
<input type="checkbox"/> Sexual Offense
<input type="checkbox"/> Misdemeanor Child Abuse under G.S. 14-318.2 |
|---|---|

Reported Identifying Information:

Victim	Child Name	Age	Address
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
Alleged Perpetrator	Parent/Guardian/ Custodian/ Caretaker Name		Address
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
Alleged Perpetrator/Offender	Other Relationship Name		Address
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>		<input type="text"/>

When the location of the juvenile is not the same as the address provided, provide the current location of the juvenile Address

Location where Offense was Committed, if known: Enter Text

Other Juveniles Present or in Danger:

Name	Age
Enter Text	Enter Text
Enter Text	Enter Text
Enter Text	Enter Text
Enter Text	Enter Text

Nature and extent of injury(s) or condition(s) resulting from the offense or abuse: Enter Text

Other helpful information to establish the need for law enforcement involvement: Enter Text

CPS Response:

Accepted enter a date. Investigation/Assessment was Initiated enter a date.

Evidence of Abuse Alleged: Y N

Evidence of Abuse Found: Y N

Describe: Enter Text

Protective Plan for Child(ren):

Alleged Perpetrator is not a parent/Caretaker.
 The child and family will be assessed for risk and safety. Identified risk and safety factors will be addressed and monitored. Additional protection activities (if known at time of notification):
Enter Text

Perpetrator Military Affiliation: N/A

Air Force Army Navy Marine National Guard Reserves

Point of Contact: Enter Text

Date of Notification enter a date.

DSS Point of Contact:

Name Enter Text

Address Enter Text

Phone: Enter Text Email Enter Text

Other Information: Enter Text