

Dakota Children's Advocacy Center Forensic Interview Request

Appointment Date

Time

Name	DOB	Age	Race
Address			Gender
City	State	Zip Code	Disability/Special Need: <i>If marked yes, explain below</i>

Caregiver	DOB	Custody <input type="checkbox"/>	Race
Address			Gender
Contact #			Okay to contact caregiver for interview reminder?
Caregiver	DOB	Custody <input type="checkbox"/>	Race
Address			Gender
Contact #			Okay to contact caregiver for interview reminder?

Alleged Offender's Name	Age	Gender
Address	DOB	Race
Offender lives in home <input type="checkbox"/>		Relationship to Child

Date of first report	Request for interview from
CPS Agency	Case Worker
Telephone #	Custody
LE Agency	Investigator
Telephone #	
Reason for Referral	Date of referral:
Summary of Allegation	

**DCAC OFFICE USE ONLY	HAS PROSECUTION BEEN CONTACTED?
Interviewer	Case #