

### Forensic Interviewer Initial Interview Written Report

CAC Case Number \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

#### MDT Members

DVD Video Recording: Yes / No _____	Date of Report _____
Audio Recording Only: Yes/No _____	CPS Worker _____
Original Recording Maintained by _____	CPS Case Number _____
Copy of Recording Received by _____	LEA Contact _____
Child Detained? Yes / No / Unknown _____	LEA Case Number _____
Witness Corroboration: Yes / No / Unknown _____	Interviewer _____
County Requesting Interview _____	DPA Present _____
Agency Requesting Interview _____	VA Present _____

#### CHILD'S INFORMATION

Name \_\_\_\_\_  
                                 First  Middle  Last

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

Child lives with: \_\_\_\_\_

Victim
    Witness: Linked to Case # \_\_\_\_\_

Physical or Developmental Disability Reported? Yes / No  
 If yes, please identify what was reported and by whom: \_\_\_\_\_

#### ALLEGED OFFENDER/PERPETRATOR INFORMATION (if information was available through the referral)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Offender living with victim? Yes / No / Unknown \_\_\_\_\_

Alleged Incident Occurred at: \_\_\_\_\_

[ ] Alleged Sexual Abuse:		[ ] Alleged Physical Abuse	
Alleged	Disclosed	Alleged	Disclosed
_____ Pornography shown	_____	_____ Hitting	_____
_____ Fondling above waist over clothing	_____	_____ Slapping	_____

Fondling above waist under clothing  
 Fondling below waist over clothing  
 Fondling below waist under clothing  
 Digital Penetration of vagina  
 Digital Penetration of anus  
 Oral genital contact  
 Cunnilingus  
 Fellatio  
 Vaginal intercourse  
 Anal intercourse  
 Fondling an offender  
 Forced acts with others  
 Other

Punching  
 Pinching  
 Biting  
 Shaking  
 Burning  
 Belt Marks  
 Other

Alleged Neglect (Specify)  
 Alleged \_\_\_\_\_ Disclosed \_\_\_\_\_  
 \_\_\_\_\_

Alleged Domestic Violence (Specify)  
 Alleged \_\_\_\_\_ Disclosed \_\_\_\_\_  
 \_\_\_\_\_

Alleged Witness to Crime (Specify)  
 Alleged \_\_\_\_\_ Disclosed \_\_\_\_\_  
 \_\_\_\_\_

Alleged Drug Endangerment (Specify)  
 Alleged \_\_\_\_\_ Disclosed \_\_\_\_\_  
 \_\_\_\_\_

Alleged Human Trafficking (Specify)  
 Alleged \_\_\_\_\_ Disclosed \_\_\_\_\_  
 \_\_\_\_\_

**People Present with Child(ren) at CAC?**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Documents Reviewed Prior to Interview-**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

**Referral For Medical Evaluation?**  YES  NO

**If Yes, Date Completed?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Referral for Mental Health?**  YES  NO

**If Yes, Date Completed?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Interpreter used? Yes / No** If yes: **Language of victim** \_\_\_\_\_ **Language of Family** \_\_\_\_\_

**Other Referrals?** \_\_\_\_\_  
 \_\_\_\_\_