



NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION: INVESTIGATION OF ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT

State Form 48201 (R12 / 2-19)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. The Family Case Manager (FCM) will provide both verbal and written notice to each parent, guardian, custodian, and/or perpetrator.
2. To obtain a copy of the report, the parent, guardian, custodian, and/or perpetrator will
 - a. Come to the local Department of Child Services (DCS) office with photo identification and fill out a request for the report; or
 - b. Complete the enclosed request form and mail it, along with a copy of their photo identification, to the local DCS office.

<p>The _____ county Department of Child Services (DCS) office received a report alleging that:</p> <p><input type="checkbox"/> your child(ren) is(are) a victim of child abuse and/or neglect; and/or</p> <p><input type="checkbox"/> you are an alleged perpetrator of child abuse and/or neglect; and/or</p> <p><input type="checkbox"/> your child(ren) is(are) an alleged perpetrator of abuse and/or neglect.</p> <p>DCS is conducting an assessment of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number _____ that:</p> <ul style="list-style-type: none">• the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect assessment; and• the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law. <p>The policy of the DCS allows Child Protective Service up to forty-five (45) days from the date a report of child abuse or neglect is received to complete a written report of the assessment; with the exception of near fatality / fatality reports, which will be available upon completion.</p> <p>I acknowledge that I have verbally advised the parent, guardian, custodian, and/or perpetrator named below of the contents of this document and provided him or her with a copy.</p>	
Name of parent, guardian, custodian, or perpetrator	Date copy provided (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)	
Signature of FCM	Printed name of FCM
Address of DCS county office (<i>number and street, city, state, and ZIP code</i>)	Telephone number of the DCS county office