**Forensic Interviewer Initial Interview Written Report**

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

Date of Interview \_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_

DVD Video Recording: Yes / No Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audio Recording Only: Yes/No DCS Worker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Recording Maintained by\_\_\_\_\_\_\_\_\_\_\_\_ DCS Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of Recording Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Detained? Yes / No / Unknown LEA Case Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disclosure Yes/No Interviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Corroboration: Yes / No / Unknown DPA Present\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Requesting Interview\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VA Present\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Requesting Interview\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD’S INFORMATION**

Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Preferred Name

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_Race\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biological Gender: Male/Female/Intersex/Unknown/Decline to Answer

Self Identified Gender: Male/Female/Unknown

Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Prior Interviews:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Linked to Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physical or Developmental Disability Reported? Yes / No

 If yes, please identify what was reported and by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALLEGED OFFENDER/PERPETRATOR INFORMATION**

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 \_\_\_\_\_ \_\_\_\_\_\_ Punching \_\_\_\_\_\_

\_\_\_\_\_ Fondling below waist over clothing \_\_\_\_\_ \_\_\_\_\_\_ Pinching \_\_\_\_\_\_

\_\_\_\_\_ Fondling below waist under clothing \_\_\_\_\_ \_\_\_\_\_\_ Biting \_\_\_\_\_\_

\_\_\_\_\_ Digital Penetration of vagina \_\_\_\_\_ \_\_\_\_\_\_ Shaking \_\_\_\_\_\_

\_\_\_\_\_ Digital Penetration of anus \_\_\_\_\_ \_\_\_\_\_\_ Burning \_\_\_\_\_\_

\_\_\_\_\_ Oral genital contact \_\_\_\_\_ \_\_\_\_\_\_ Belt Marks \_\_\_\_\_\_

\_\_\_\_\_ Cunnilingus \_\_\_\_\_ \_\_\_\_\_\_ Other \_\_\_\_\_\_ \_\_\_\_\_ Fellatio \_\_\_\_\_

\_\_\_\_\_ Vaginal intercourse \_\_\_\_\_ [ ] Alleged Neglect (Specify)

\_\_\_\_\_ Anal intercourse \_\_\_\_\_ Alleged Disclosed

\_\_\_\_\_ Fondling an offender \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

\_\_\_\_\_ Forced acts with others \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ Other \_\_\_\_\_ [ ] Alleged Domestic Violence (Specify) [ ] Alleged Witness to Crime (Specify)

Alleged Disclosed Alleged Disclosed

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

[ ] Alleged Drug Endangerment (Specify) [ ] Alleged Human Trafficking (Specify)

Alleged Disclosed Alleged Disclosed

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

**PMT Data Types of Victimization**

\_\_\_ Child Sexual Abuse/Assault \_\_\_ Child Pornography

\_\_\_ Child Physical Abuse or Neglect \_\_\_ Domestic and/or Family Violence

\_\_\_ Teen Dating \_\_\_ Bullying

\_\_\_ Human Trafficking \_\_\_ Secondary Victim (Parent)

\_\_\_ Other

**Witness Special Classification**

\_\_\_Witness to Physical Abuse \_\_\_Deaf/Hard of Hearing
\_\_\_ Witness to Sexual Abuse \_\_\_Homeless

\_\_\_ Witness to Major Crime \_\_\_LGBTQIA+

\_\_\_Other \_\_\_Cognitive/Mental/Physical Disability

 \_\_\_Victims with LEP

 \_\_\_Other

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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