

DSS CASE

DATE: _____

COUNTY: _____

NAME: _____

ADDRESS: _____
(Include City, State, Zip)

TELEPHONE NUMBERS: _____
(Home) (Work) (Cell) (Other)

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

EMPLOYER: _____
(Include Address of Employer)

| NAME OF CHILDREN | DATE OF BIRTH | MOTHER(with address) | FATHER(with address) |
|------------------|---------------|----------------------|----------------------|
| | | | |
| | | | |
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INVESTIGATOR'S NAME: _____ CASEWORKER: _____

DSS TREATMENT PLAN: _____

IS THIS YOUR FIRST DSS CASE: _____ YES _____ NO
IF YES PLEASE EXPLAIN WHEN, CHILDREN INVOLVED, CHARGES, OUTCOME: _____

GUARDIAN AD LITEM OF CHILDREN: _____

PRESENT LOCATION OF CHILDREN: _____
(Include Name of Individual, Address, City, State, Zip)

DESCRIBE WHAT HAPPENED: _____

