	Southern Crescent Sexual Assault and Child Advocacy Center Forensic Services Request Form	**Date of Intake:** **Date of Appointment:** **Time of Appointment:**

****PLEASE INCLUDE INCIDENT REPORT OR SHINES INTAKE WITH THIS REFERRAL FORM****

Victim Information				
Child Name:				
DOB:	Age:	Gender:	Race:	SS #:
Disabilities of Child (includes hearing & vision impairments):		Education Support:		

Non-Offending Guardian/Current Placement Information			
Name:			
DOB:	Relationship:		Phone:
Address:	City:	County:	Zip:
Home Phone:		Cell Phone/Alternate #:	
Primary Language of Family:		Does Child or Family Need Interpreter: ☐ Yes ☐ No	
Has the child(ren) been safety resourced? ☐ yes ☐ no *Signed Safety Plan MUST be included with referral. If yes, with whom?			

Investigative Party Information	
DFCS Agency: DFCS Worker: Phone: SHINES #:	In DFCS Custody Currently: ☐ Yes ☐ No In DFCS Custody at Time of Incident: ☐ Yes ☐ No
Law Enforcement Agency: Law Enforcement Investigator:	Phone: Case #:
Charges Filed:	Arrest Made:
Date of Police Report: Date of DFCS Report:	Date(s) of Incident:
LE: Have you made a DFCS Report: ☐ Yes ☐ No	**DFCS**: Have you made a Police Report: ☐ Yes ☐ No

Alleged Offender Information			
Alleged Offender:	DOB:	Age:	Gender:
Offender Relationship to Child:	Race:		

Please email or fax completed form with a copy of preliminary report and all other pertinent documentation to intake@scsac.org or 770-573-4112.

You will be contacted upon receipt of this information to set your appointment.

	Southern Crescent Sexual Assault and Child Advocacy Center **Forensic Services Referral Form**	**Date of Intake:** **Date of Appointment:** **Time of Appointment:**

Incident Address:	City:	County:
Is the alleged offender currently in the home? ☐ Yes ☐ No		
Incident Information		
Who was the disclosure made to:	Relation to victim:	
Has the child has a prior interview: ☐ yes ☐ no By whom:	Type of interview: Preliminary ☐ Forensic ☐	Has child had a prior exam: ☐ yes ☐ no
Date of Exam: Location of the Exam:	Previous Findings of Exam:	
BRIEF ABUSE SCENARIO: **ADDITIONAL NOTES**:		
Conflict Dates (next two weeks)		
Law Enforcement Conflict Dates:	DFCS Conflict Dates:	

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