



**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 #:
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Disabilities of Child:

**Non-Offending Guardian/Current Placement Information**

Name:

DOB:	Relationship:	Phone:
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Address:	City:	County:	Zip:
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Home Phone:	Cell Phone/Alternate #:
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Primary Language of Family:	Does Child or Family Need Interpreter: Yes                      No
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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
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Law Enforcement Agency:	Phone:
Law Enforcement Investigator:	Case #:

Charges Filed:	Arrest Made:
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Date of Police Report:	Date(s) of Incident:
Date of DFCS Report:	

<b>LE:</b> Have you made a DFCS Report:    Yes    No	<b>DFCS:</b> Have you made a Police Report: Yes    No
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**Alleged Offender Information**

Alleged Offender:	DOB:	Age:	Gender:
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Offender Relationship to Child:	Race:
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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		
<b>Incident Information</b>		
Who was the disclosure made to:	Relation to victim:	
Has the child has a prior interview:    yes    no	Type of interview:	Has child had a prior exam:    yes    no
By who:	Preliminary          Forensic	
Date of Exam:	Previous Findings of Exam:	
Location of the Exam:		
<b>BRIEF ABUSE SCENARIO:</b>		
<b>Conflict Dates</b> (next two weeks)		
Law Enforcement Conflict Dates:	DFCS Conflict Dates:	

Please email or fax completed form with a copy of preliminary report and all other pertinent documentation to [intake@scsac.org](mailto:intake@scsac.org) or 770-573-4112.  
You will be contacted upon receipt of this information to set your appointment.