



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:

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:

In DFCS Custody Currently: Yes No

DFCS Worker:

Phone:

In DFCS Custody at Time of Incident:

SHINES #:

Yes

No

Law Enforcement Agency:

Phone:

Law Enforcement Investigator:

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@thebriighthouse.com or 478-250-8567.

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



Forensic Services Referral Form

Date of Intake:

Date of Appointment:

Time of Appointment:

Incident Address:	City:	County:
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Is the alleged offender currently in the home? Yes No

Incident Information

Who was the disclosure made to:	Relation to victim:
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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:	

BRIEF ABUSE SCENARIO:

Conflict Dates
(next two weeks)

Law Enforcement Conflict Dates:	DFCS Conflict Dates:

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