CAC Case # __________

CHILD ADVOCACY CENTER
POST INTERVIEW

Name of Child/Victim Interviewed: ____________________________________________

Date of Interview: ______Day of Week: _____Age of Child: _____Age of Suspect: _____

Interviewer: _____________________________________________________________

Other Team Members Present: ______________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Planned Follow-Up

Law Enforcement: __________________________________________________________

CPS: __________________________________________________________________

CAC: __________________________________________________________________

Medical Examination Recommended: □ Yes □ No

If no exam; Why? __________________________________________________________

Scheduled Date: ____________ Physician: _________________________________

Safety plan made? □ Yes □ No □ Not necessary

Child can identify at least one adult outside family that can provide support? □ Yes □ No

Safety concerns: __________________________________________________________

Referral & Information regarding Victims Advocacy & Crime Victims Compensation provided?

Additional MDT recommendations: __________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

Disclosure: □ Yes □ No Submit: ____________ Report due by: ________________

Name of person filling out form: ______________________ Date: __________________

CAC/11/Post Interview Form