

**CHILD ADVOCACY CENTER  
POST-INTERVIEW ACTION FORM ■ CONFIDENTIAL**

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ CAC# \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ consents to leaving message YN

**CAC Members present at the interview:** \_\_\_\_\_ **Forensic Interviewer:** \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_

\_\_\_\_\_ Agency \_\_\_\_\_

**Disclosure:** Yes No Partial

**Follow up action:**

Mental Health Referral Yes No \_\_\_\_\_

Medical Referral Yes No \_\_\_\_\_ PCP \_\_\_\_\_

Law Enforcement \_\_\_\_\_

Prosecution: \_\_\_\_\_ District Superior Juvenile/Family Court

Faxed to County Attorney: Yes N/A

Other Follow-Up \_\_\_\_\_

Pertinent Cultural Information of Child: \_\_\_\_\_

Follow up w/ Guardian: Date \_\_\_\_\_ Able to Contact Left message

**Case Review Date** \_\_\_\_\_

Next Meeting on this Case? Date, time, location \_\_\_\_\_