

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: _____