

NCA Trak Date: __/__/__

CAC OF County
Case Review Summary Sheet

Child:_____ Age:_____ Case Review Date:_____

Alleged Offender:_____ DOB_____ Relationship: _____

Referral Date:_____ Interview Date:_____

Interview Summary: FI_____ Disclosure No Disclosure Partial

Concerns:

1.) _____

2.) _____

Medical Exam Yes No Examiner_____ Date_____

Reasons:_____

Conclusions/Findings:_____

Mental Health Referral: Yes No

Where:_____ Insurance Needs:_____

Reasons:_____

Concerns:_____

Family Dynamics:

Protective Previous Abuse History_____

Substance Abuse Concerns Other High Risk History_____

CPS Resolution:

Founded Founded PR Incomplete Unfounded N/A

Recommendations:_____

Law Enforcement:

Alleged Offender Interviewed Yes No

Next Steps:_____

Concerns/Issues:_____

District Court Juvenile/Family Court Superior Court

Forwarded to County Attorney Yes No(why)_____

County Attorney Decisions Accept Decline

Suggestions/Investigative Needs:_____

Charges:_____