**department of public health and social services**

**division of public welfare**

**bureau of social services administration**

**child protective services section**

**194 hernan cortez avenue, Suite 309 HagatÑa, Guam 96910-5052**

**child abuse and neglect referral (part i)\***

**(P.L. 20-209:5, Child Protective Act)**

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| **Referral Date** | |  | | **Referral Time** |  | |
|  | **Initial Referral** | | | | | |
|  | **Follow-up Written Referral** | | | | | |
|  | **GPD Report** | | | | | |
|  | **Court Order** | | | | | |
| **Indicate if applicable** | | | | | | |
| **GPD Report No.** | | |  | | |  |
| **Court Case No.** | | |  | | |
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| **For Office Use Only** | | | | | | | | |
| **Date Received** | |  | | | **Time** | |  | |
| **CWS No.** | |  | | | | | | |
| **Intake Worker** | |  | | | | | | |
| **How was referral received? (Check Box)** | | | | | | | | |
|  | **Phone Contact** | |  | **Office Visit** | |  | | **Drop Off** |
|  | **Mail** | |  | **FAX (Facsimile)** | | | | |
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|  | **New** | | | | | | | |
|  | **Active** | | | | | | | |
|  | **Prior (See attached case cross reference check)** | | | | | | | |

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| 1. **reporting person (RP)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name/Title and Relationship to Child** | | | | | | | | | | | | | | | **Address** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Home Phone No.** | | | | | | | **Work Phone No.** | | | | | | | | | | | **Other Contact No.** | | | | | | | | |
| **( )** | | | | | | | **( )** | | | | | | | | | | | **( )** | | | | | | | | |
| 1. **reason for suspecting abuse/neglect** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Observed Abuse (specify) :**  **(Refer To Diagram on Reverse Side)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Observed Neglected Condition of Child (specify):** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Incident of Abuse / Neglect Related To Referring Party By Victim(s)** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Incident Related To Referring Party By Witness** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **alleged victim(s)/other children**   **List all children in the home and indicate with an “X” if the child is the alleged VICTIM. (Use Section X if more space is necessary)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name(s) of Minor(s)** | | | | | | | | **Victim** | | **DOB** | | **Age** | **Sex** | **Ethnicity** | | **SS#** | | | **School** | | **Grade** | | **Residential Address** | | | |
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| **Present location of alleged victim(s):** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. **Incident information (type of referral)**   **MATLTREATMENT – must be marked with an “X” where abuse and/or neglect is suspected. RISK FACTORS – mark with an “X” if applicable.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MALTREATMENT:** | | |  | **RISK FACTORS:** | | | | | | | | | | | | |  | **Risk factors (cont’d):** | | | | | | | | |
|  | **Emotional Abuse** | |  |  | **Alcohol** | | | | | | | | | | | |  |  | | **Physical Disability** | | | |  | **Developmental Disability** | |
|  | **Physical Abuse** | |  |  | **Drugs** | | | | ***Specify:*** | |  | | | | | |  |  | | **Other Disability** | | ***Specify:*** | | | |  |
|  | **Sexual Abuse** | |  |  | **Family Violence** | | | | | | | | | | | |  | **Please specify parties involved in the risk factors** | | | | | | | | |
|  | **Educational Neglect** | |  |  | **Homelessness** | | | | | | | | | | | |  |  | |  | | | | | | |
|  | **Emotional Neglect** | |  |  | **Teen Pregnancy** | | | | | | | | | | | |  |  | |  | | | | | | |
|  | **Physical Neglect** | |  |  | **Teen Suicide** | | | | | | | | | | | |  |  | |  | | | | | | |
| 1. **explain why you suspect abuse and/or neglect**   **Use additional sheets if necessary** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Parent(s)/guardian(s)**   **Complete as much information as possible. If you suspect the Parent /Guardian to be the Alleged Abuser, put an “X” in the box marked “Abuser” below.** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | SS# | | | | | | Abuser | | | DOB | | | Sex | Ethnicity | | |
|  | | | | | | | |  | | | | | |  | | |  | | |  |  | | |
| Address (Residential) | |  | Place of Employment | | | | Home No. | | | | Work No. | | | | | Other no. | | | Relationship to | | | | |
|  | | |  | | | |  | | | |  | | | | |  | | | Victim(s) | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | SS# | | | | | | Abuser | | | DOB | | | Sex | Ethnicity | | |
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| Address (Residential) | |  | Place of Employment | | | | Home No. | | | Work No. | | | | | | Other no. | | | Relationship to | | | | |
|  | | |  | | | |  | | |  | | | | | |  | | | Victim(s) | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | SS# | | | | | | Abuser | | | DOB | | | Sex | Ethnicity | | |
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| Address (Residential) | |  | Place of Employment | | | | Home No. | | | Work No. | | | | | | Other no. | | | Relationship to | | | | |
|  | | |  | | | |  | | |  | | | | | |  | | | Victim(s) | | |  | |
| 1. **alleged abuser(s)**   **(Other than the Parent / Guardian)** | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | SS# | | | | | | | DOB  DOB | | | | | Sex | Ethnicity | | |
|  | | | | | | | |  | | | | | | |  | | | | |  |  | | |
| Address (Residential) | |  | Place of Employment | | | | Home No. | | | Work No. | | | | | | Other no. | | | Relationship to | | | | |
|  | | |  | | | |  | | |  | | | | | |  | | | Victim(s) | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | SS# | | | | | | | DOB  DOB | | | | | Sex | Ethnicity | | |
|  | | | | | | | |  | | | | | | |  | | | | |  |  | | |
| Address (Residential) | |  | Place of Employment | | | | Home No. | | | Work No. | | | | | | Other no. | | | Relationship to | | | | |
|  | | |  | | | |  | | |  | | | | | |  | | | Victim(s) | | |  | |
| 1. **body drawings**   **Show where bruises / injuries are located.** | | | | | | | | | | | | | | | | | | | | | | | |
| indicate size & location of wound/laceration with “x” for superficial and “o” for deep.  shade for bruises and burns, beside each injurY, indicate color, shape, pattern and texture. | | | | | | | | | | | | | | | | | | | | | | | |
| person 2.jpg | | | | | | | | | | | | | | | | | | | | | | | |
| **examined by medical doctor: ( ) Yes ( ) No** | | | |  | | | | | | | |  |  | | | | | | | | | |  |
| **(PRINT NAME)** | | | | | | | |  | **(SIGNATURE)** | | | | | | | | | |  |
| **examined by someone other than medical doctor:** | | | | |  | | | | | | |  |  | | | | |  | | | | |  |
| **(PRINT NAME)** | | | | | | |  | **(SIGNATURE)** | | | | | | | | | |  |
|  | | | | | | | | | | | |
| 1. **action taken**   **Explain action taken in this matter. (Use additional sheets if necessary)** | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **other information**   **(Use additional sheets if necessary)** | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **signature of reporting person (if completed by Reporting Person)** | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | | | | | | | | |  | |
|  | Signature | | | | |  | | | Date | | | | | | | | | | | | |  | |