



Forensic Interview Referral Form

Child's Full Name: _____

Date: _____

801 North Division Street, West Point, MS 39773

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Allegation			
Type of Abuse:	Victimization:	<input type="checkbox"/> Child on Child <input type="checkbox"/> Adult on Child <input type="checkbox"/> Unknown	Number of Alleged Perpetrators (AP):
Name of Alleged Perpetrator(s):			
Date of Birth:	Age:	Gender:	Gender Identity:
Race:	Ethnicity:		
Age of AP(s):	Offender living with child at the time of the crime?		
<input type="checkbox"/> Under 13 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18+ <input type="checkbox"/> Age Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Does AP have access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Relationship of AP to Child:			
<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Parent's boy/girlfriend <input type="checkbox"/> Other Known Person <input type="checkbox"/> Unknown Relationship			
Details of Allegation:			
Name of Person Bringing Child to Interview:		Relationship to Child:	
Phone #:			
<p>It is your duty as the referral source to inform involved parties of Sally Kate Winters Family Services Safe Environment Policy: "Sally Kate Winters Family Services CAC is a child-focused setting, designed to provide a safe, comfortable, and neutral place where forensic interviews can be conducted and other services can be provided for children and their non-offending caregivers. To ensure the physical and emotional protection of the child, it is the policy of Sally Kate Winters Family Services to not allow alleged perpetrators on the premises at any time. Any alleged perpetrator identified by staff will be instructed to leave immediately and/or will be removed by Law Enforcement."</p> <p>Due to space, a limit of 3 individuals outside of the child(ren) being interviewed are permitted on site during the scheduled forensic interview date and time.</p>			
<input type="checkbox"/> I acknowledge that the details provided by me in this document are complete and accurate, to the best of my knowledge. My initials below serve as my signature and confirm that I am the referring party.			
Referring Person's Name:		SKWFS CAC Name:	
Referring Person's Initials:		SKWFS CAC Initials:	
FOR SKWFS CAC USE ONLY			
<input type="checkbox"/> MACWIS Referral <input type="checkbox"/> LE Referral <input type="checkbox"/> CPS Referral		Has this case been cross-reported? <input type="checkbox"/> Yes <input type="checkbox"/> No	
County:	Agency:	Person:	
Has this child been seen at the CAC for a FI before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES...	Date of Interview:	Case Number:	
	Type of Abuse Alleged:	Alleged Perpetrator:	
Interview Finding: <input type="checkbox"/> Disclosure <input type="checkbox"/> No Disclosure <input type="checkbox"/> Inconclusive <input type="checkbox"/> Suspicion <input type="checkbox"/> Other			
Has this alleged perpetrator been named as an alleged or identified perpetrator or victim before at the CAC? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES...	Date of Interview:	Case Number:	
	Type of Abuse Alleged:	Named by who:	
Forensic Interview Scheduled For			
Date:		Time:	