

**Model Format for Notification to District Attorney
(within 48 hours, subsequent to oral notification)**

TO: _____, District Attorney

FROM: _____, Director
_____ County Department of Social Services

As per our telephone conversation of ____ (date) _____, our agency has received information/found evidence that the child(ren) named in this report have been (check one) ____ abused as defined by G.S. 7B-307 **or** ____ physically harmed in violation of criminal statute by a person other than the juvenile's parent, guardian, custodian, or caretaker

REPORT OF FINDINGS:

Identifying information:

1. Name(s) and ages of victim child(ren): _____

 2. Name(s) and Address(es) of Parent/guardian/custodian/caretaker: _____

 3. Name and Address of alleged perpetrator: _____

 4. Relationship of perpetrator to alleged victim(s): _____
 5. Summary of report of abuse: _____

 - _____ Date of report: _____
 6. Actions taken by Department of Social Services
Investigation initiated on: _____ by _____ (social worker)

Findings indicative of abuse or other criminal act: _____

- For further information, please contact ____ (soc.wkr.) ____ at ____ (tel) ____.

cc: (law enforcement agency)