

date

PRIVILEGED & CONFIDENTIAL

Prepared in Anticipation of Litigation

MEMORANDUM FOR HARRY WILLIAMS, GENERAL COUNSEL

The above headers protect the information from review by outside sources. The fatality summary should be sent via email to Children's Division staff in Central Office via this email address (CD_CriticalEventReport). After review by Central Office staff the form may be forwarded to Harry Williams in the Division of Legal Services.

From: Frederic Simmens, Director Children's Division

Subject: *Victim's Name*

Reviewer: *Reviewer's Name*

Date Reviewed: *date reviewed*

DEMOGRAPHICS

Victim's Name: *Include the victim's name and DCN*

Victim's Date of Birth: *Victim's DOB*

Victim's Date of Death: *Victim's Date of Death*

Victim's Household Address: *The victim's address is listed here*

Victim's Mother's Name: *Mother's name and DCN (if known)*

Victim's Father's Name: *Father or paramour's name and DCN (if known)*

Other Household Members (and relationship): Include siblings and others (DCN's if known)

CA/N History

Include all prior reports and referrals in chronological order starting with the most recent (usually the fatality report). Include the incident number, report date, all victims, alleged perpetrator's name(s), a brief summary of the report and the finding. Listed below are two examples.

3/16/04 *Inc no – 00112233, Report Date 3/16/04, Victim – Jane Doe (fatality), Sally Doe, Alleged Perpetrator – James and Susan Doe. Jane died of injuries sustained in an automobile accident. Jane was wearing a seatbelt. Finding – Probable Cause.*

5/2/02 *Inc no – 02221122, Report Date 5/2/02, Victim – Jane Doe, Alleged Perpetrator – James and Susan Doe. The reporter alleged Jane was observed numerous times with bruises on her forehead. Finding – Family Assessment – Services Needed.*

FCS Case History

Include all prior FCS cases in chronological order. Include the case number, reason for opening, case name and date opened and closed. Include services provided, if known.

Alternative Care History

In this section, include all available information on the victim's alternative care placement history. Include the placement dates, placement type, provider(s) names and DVN and reason for placement.

Other Agency Involvement History

In this section, include all available information on community resource agencies that have a working history with the child or family. These agencies include but are not limited to the juvenile court, Health Department, Social Service Agencies, etc..