

Referral to the Juvenile Officer

CD-235 Instructions

Purpose:

To standardize referral forms between the Children’s Division and the Juvenile Officer, the Referral to the Juvenile Officer (CD-235) was created. It is the intent of the Children’s Division to utilize the CD-235 to provide a way to make referrals to the Juvenile Officer.

Instructions for Completion:

Date Submitted – Enter the date the Referral is sent to the Juvenile Officer.

Time Submitted – Enter the time the Referral is sent to the Juvenile Officer.

Check box either “Initial Referral” or “Amended/Updated Information”.

Child(ren)’s Name – Enter the first name, middle name, last name.

Enter the date of birth of each child.

Enter the sex of each child. Select either Male or Female.

Enter the race of each child. Select White, African American, Hispanic or Latino, American Indian/Alaskan Native, or Asian.

Enter the DCN of each child.

Address of Child(ren)– Enter the address of the child(ren) – street address, city, state, zip code.

Current Location/County of Children – Enter the county the child(ren) are located.

Parent 1 – Select the number corresponding to parent 1’s child from above and check the appropriate box. If the parent is the parent to all children on the report, select the “All” box.

Enter parent 1’s first name, middle initial, last name.

Enter the address of parent 1 – street address, city, state, zip code.

Enter the telephone number of parent 1.

Enter the date of birth of the parent 1.

Enter the alias/maiden name of parent 1.

Select the contact the parent 1 may have with the child(ren). Selections are Physical Custodian, Little or No Contact, Regular Visitation, or Unknown.

Parent 2 - Select the number corresponding to parent 2’s child from above and check the appropriate box. If the parent is the parent to all children on the report, select the “All” box.

Enter parent 2’s first name, middle initial, last name.

Enter the address of parent 2 – street address, city, state, zip code.

Enter the telephone number of parent 2.

Enter the date of birth of the parent 2.

Enter the alias/maiden name of parent 2.

Select the contact the parent 2 may have with the child(ren). Selections are Physical Custodian, Little or No Contact, Regular Visitation, or Unknown.

Other – Select the relationship the individual has with the child(ren). Selections are Mother, Father, Alleged Father, Stepfather, Stepmother, Legal Guardian, or Legal Custodian.

Select the number corresponding to individual’s child from above and check the appropriate box. If the individual is the same relationship to all children on the report, select the “All” box.

Enter the individual’s first name, middle initial, last name.

Enter the address of the individual – street address, city, state, zip code.

Enter the telephone number of the individual.

Enter the date of birth of the individual.

Enter the alias/maiden name of the individual.

Select the contact the individual may have with the child(ren). Selections are Physical Custodian, Little or No Contact, Regular Visitation, or Unknown.

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Requests and Recommends:

When selecting a reason for “The Children’s Division, in submitting the Referral to the Juvenile Officer, requests and recommends:” please review each selection closely and select with is appropriate for the situation.

-If selection “Continued protective custody as protective custody was previously assumed by:” is picked, make sure to enter either the Law Enforcement or Physician’s name, the time protective custody was taken and the date.

Basis for Jurisdiction:

Enter the resident county of the child/children.

Enter the county in which the child/children were found. This may be different than the resident county.

1. Select the appropriate “alleged contact by parent, guardian, or custodian(s)” which is the reasonable cause of the child/children to be in need of care and treatment.
- 2.(a) Specifically describe the alleged abuse and/or neglect including all information in your possession as to the nature and severity of the circumstances, all relevant facts and evidence in your possession as to the allegation, the source of all information to the date the information was received, and the specific risk, safety concern, and reasons supporting your request to the Juvenile Officer. On the last page of the form is room for additional narrative as to the specific details of the alleged abuse/neglect.
- 2.(b) Enter the specific reason(s) the Children’s Division does not recommend the Juvenile Officer take any action in reference to this referral. Not applicable is also an option.
3. Enter prior history of child abuse or neglect. Not applicable and unknown are options.
4. Enter any knowledge of substance use concerns regarding parent(s), guardian or custodian of the child/children. Not applicable and unknown are options.
5. Enter criminal history information of the parent(s), guardian, or custodian of the child/children. Not applicable and unknown are options.
6. Enter any incidents of domestic violence reported or reports indicating the same. Not applicable and unknown are options.
7. Enter all persons interviewed, reports gathered, photographs, and other information collected or relied upon in the course of the investigation and attach a copy of information relevant to or referenced in the referral to the Juvenile Officer. Not applicable and unknown are options.
8. Enter and describe the circumstances as to any other child or children in the family or household not subject to the referral to the Juvenile Officer. Not applicable and unknown are options.

Paternity:

Enter all information available as to the paternity of each child subject to the referral.

Absent Parent and Relative Resources:

Describe the efforts of the Children’s Division to locate any absent or non-custodial parent and relatives to be considered for placement if needed. If relative, please list relationship to child.

Indian Child Welfare Act:

Enter any available information regarding Native American or Alaskan Eskimo heritage.

Reasonable Efforts and Services Provided:

Select the appropriate box regarding reasonable efforts and services provided.

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If case management was offered by Children's Division please enter the date(s) the service(s) were provided.

Describe all services provided including dates and service providers as may be applicable.

Affidavit:

I, _____, as an authorized representative of the Missouri Children's Division, do state that based upon information I have obtained or which has been reported to me, I have reasonable cause to believe the facts and information contained herein support the recommendation of the Children's Division. The facts and information stated herein are true and correct to the best of my knowledge and belief. I am signing this affidavit understanding that knowingly making a false statement might subject me to the penalties for making a false affidavit.

Enter Children's Division worker's name which is completing the referral to the Juvenile Officer.

Further/updated information needs to be forwarded to the Juvenile Officer.

Electronic Signature:

Delete the word Electronic Signature and enter the name of the worker which completed the form. Also enter the supervisor of the worker which entered the form.

Contact Information:

Enter the best way for the Juvenile Officer to be able to contact the worker.

Add additional narrative as to the specific details of the alleged abuse/neglect.