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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE
BUREAU OF SOCIAL SERVICES ADMINISTRATION
CHILD PROTECTIVE SERVICES SECTION
P.O. BOX 2816, HAGATÑA, GUAM 96932

Clear Form

CHILD ABUSE AND NEGLECT REFERRAL (PART I)*

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

Referral Date		Referral Time	
	Initial Referral		
	Follow-up Written Referral		
	GPD Report		
	Court Order		

If available, please indicate the GPD report no. or the court case no.: _____

For Office Use Only

Date Received		Time	
CWS No.			
Intake Worker			

How was referral received? (Check Box)

	Phone Contact		Office Visit		Email
	Mail		FAX (facsimile)		

	New
	Active
	Prior (See attached case cross reference check)

I. REPORTING PERSON (RP)

Name/Title and Relationship to Child	Address

Home Phone No.	Work Phone No.	Other Contact No.
( )	( )	( )

II. 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

III. 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

Present location of the alleged victim(s):

IV. INCIDENT INFORMATION (TYPE OF REFERRAL)

Check one or more where you suspect abuse or neglect

	Physical Abuse		Physical Neglect		Family Violence (Specify)
	Sexual Abuse		Medical		
	Emotional Abuse		Lack of Adult Supervision	Involved Parties	
	Alcohol Abuse		Abandonment		
	Drug Abuse		Emotional Neglect		Other (Specify)
(Specify)			Educational Neglect		

V. EXPLAIN WHY YOU SUSPECT ABUSE AND/OR NEGLECT

Use additional sheets if necessary)

This form is being piloted for use as a proposed CAN referral. All information in this CAN referral will be used for official purposes.

VI. 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.	Relationship to Victim(s)

Name	SS#	Abuser	DOB	Sex	Ethnicity

Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)

Name	SS#	Abuser	DOB	Sex	Ethnicity

Address (Residential)	Place of Employment	Home No.	Work No.	Relationship to Victim(s)

VII. ALLEGED ABUSER(S)

(Other than the Parent/Guardian)

Name	SS#	DOB	Sex	Ethnicity

Address (Residential)	Place of Employment	Home No.	Work No.	Relationship To Victim(s)

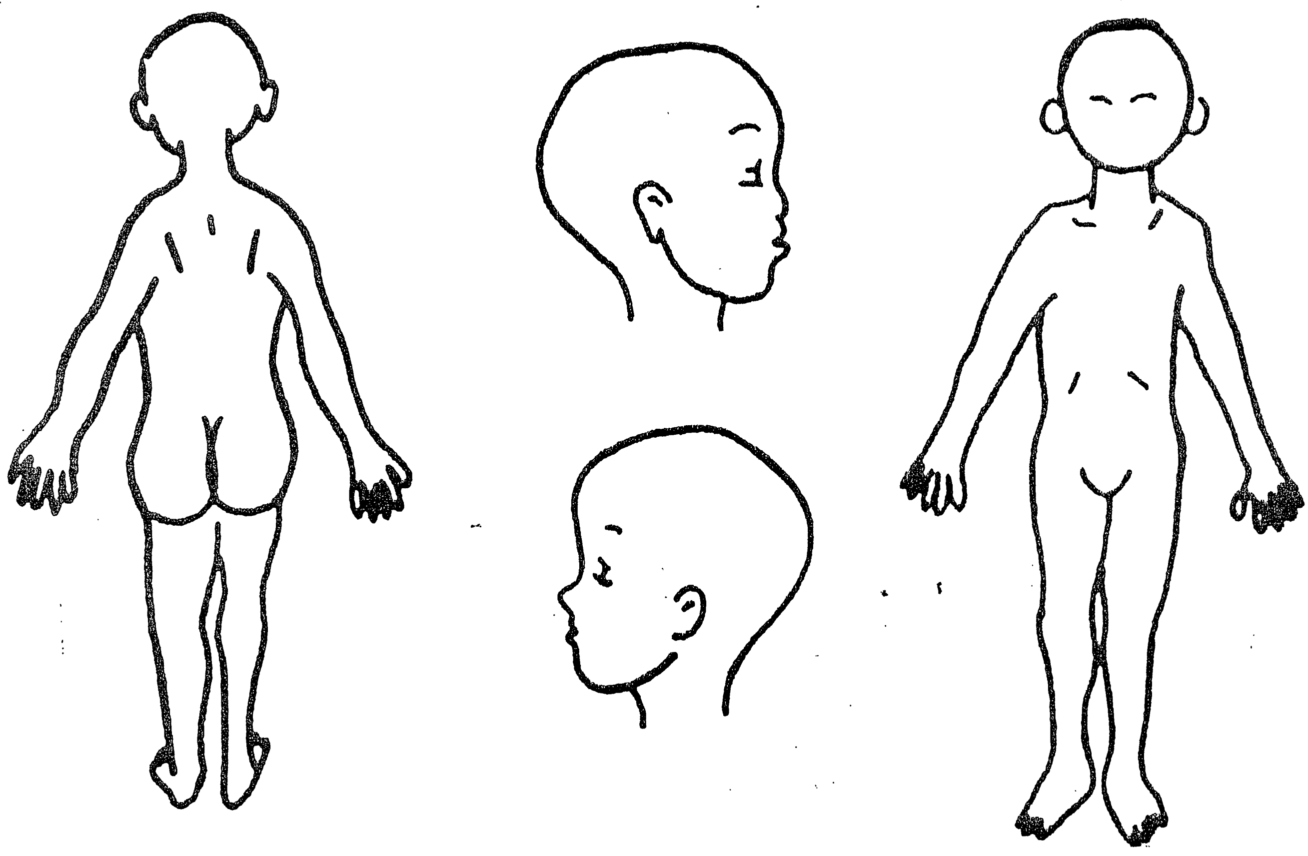
Name	SS#	DOB	Sex	Ethnicity

Address (Residential)	Place of Employment	Home No.	Work No.	Relationship To Victim(s)

VIII. 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.



EXAMINED BY A MEDICAL DOCTOR: ( ) Yes ( ) No ________________ (PRINT NAME) ________________ (SIGNATURE)

EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: ________________ (PRINT NAME AND TITLE) ________________ (SIGNATURE)

IX. ACTION TAKEN

Explain action taken in this matter. (Use additional sheets if necessary)

X. OTHER INFORMATION

(Use additional sheets if necessary)

XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person)

Signature ________________ Date ________________

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