

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



CHILD ABUSE AND NEGLECT REFERRAL (PART I)* (P.L. 20-209;5, Child Protective Act)

For Office Use Only

| If availa court ca | nitial Refer follow-up V GPD Repor Court Orde ble, please ase no.: | Vritten Re t r | | | | | Ph | o. Worker as referral ione Conta | ot | Office Vis | | L Emi | |
|-----------------------|---|-----------------------------|------------------------|---|---|---|--|---|----------------------|------------------|------------|--|------------------|
| If availa court ca | GPD Repor Court Orde ble, please | rt r | | | | | How wa | as referral one Conta | ot | Office Vis | | | |
| If availa court ca | Court Orde | r | lba GP | | | | Ph | one Conta | ot | Office Vis | | | |
| If availa court ca | ble, pleas | | the GP | (1) | | | = 1371 N.A. | | | | | | |
| If availa court ca | ble, pleas | | the GP | | | | ivia | ail | | FAX (facs | imile) | do formada da | |
| RTING F | ise no.: _ | | THE OIL | D repor | t no. o | r the | 177 | ew | <u>n Kapasi Basa</u> | | | <u> </u> | |
| | | | | | | | | tive | nahad asa | | (b | l-\ | |
| | أبيا والمستبين أناه بالمالية والمالية | . (1) (2) (2) (2) | | | | | S Pr | ior (See all | ached cas | e cross re | terence ch | eck) | Filtor |
| | EBBOAL | ala) | an Addi Stanton and | | e de la company | 16 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19 | 2.50.07 (0.00), 40.000 (0.00) | | Specification 2001 | | | DESCRIPTION OF THE PERSON OF T | 23-42-21-40-10-2 |
| Ne | EKSUN (I | KI- | | | | | | | | | | | |
| | me/Title a | nd Relation | onship t | o Child | | | , | | | Address | | | |
| | | | | | | | | | • | | | | |
| one No. | | · | Wor | k Phone | No. | <u>F</u> | The state of the s | | | Sontact No |), | | |
| SON FO | R SUSPE | CTING A | JUSEIN | EGLEC | 77 | <u></u> | | - C 18 | |) 4. | | 3 | |
|) | | | | د در این در | | | | | | | | | |
| fer To Diac | ouse (specil gram On Reve | erse Side) | | | | | | <u> </u> | | | | | |
| | eglected Co | | | • | | | | | | | | | |
| ident of A | buse/ Negle | ect Related | To Refe | rring Pa | rly By \ | /ictim(s) | | | | | | | |
| ident Rel | aled To Ref | erring Part | y By Witi | ness | | | · | | | | | | |
| EGED V | ICTIM(S)/ | OTHER C | HILDR | ΕN | | | :TIM. (Use Sect | | | | | | |
| ildren in t | ne Home and | 1 | | | | | | | | necessary. |) | | |
| of Minor(s) | | Victim | DOB | Age | Sex | Ethnicity | SS# | Sct | 1001 | Grade | R | tesidential / | Address |
| | | | | | | | | 1 | • | | | | |
| | | | | | | · | | - | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | - | | · | | | |
| | | | | | | | | 3 | | | | | |
| | | | | | | | | - | | · | | | |
| | | | | | | | | | | | | | |
| | | - | l | | | | - | - | | - | | | |
| | • | | | | | | | | | | | | * |
| | | | . | | ļ | | | _ | - | | · | <u> </u> | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | 6 | | | | | |
| | | | | | | | | · | | | | | |
| nt loca | tion of th | ne allege | ed victi | m(s): | | - J. | | | | | · | | |
| דו/בוחוה | INFORM! | TION IT | VPF OF | REFE | HRAI | 1 | | f.t.t | - 11 de 24 | alis Marie de la | | | Sine 1 |
| ne or mor | INFORMA e where you | suspect ab | use or ne | glect | na Benezia de Benezia | | | | | | | | |
| Physica Sexual | Abuse | | | Physic | al Negl Vedical | ect | a. 1287 114 115 115 115 115 | | F | amily Vio | ence (Spe | ecify) | |
| Emotio | nal Abuse | V | | | | Adult Super | vision | - /s | Involved | , T | | | *********** |
| | l Abuse | | | | Abando | | 4 , . | | Parties | | | | |
| Drug A | buse | | | | onal Ne tional N | lgiect Neglect | | | | ther (Spe | cify) | | |
| | ~~~~~~ | | | | | | | | | an iz 🔥 i | | | |
| (PLAIN) | NHY YOU leets If nece | SUSPEC | T ABU | SE ANI | D/OR N | VEGLECT | Marine In the | | | | t | والمعالمة والمراجع والمراجع والمراجع | |
| | | | i yanan ang katam | | | | | | | | Street. | | |
| | | | | | | | • | | | | | | <u> </u> |
| | | Prominany & mailtraying mum | | | | | \$ | - <u> </u> | * | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | • | |
| | | | | | | | : | | | | | | |
| | | | | • | | | | | | | | | |
| | | | | | | | | | | | | | |
| | • | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |

| Place of Employment Home No. Work No. Relationship to Victimis SS# Abuser DOB Sex Ethnicity SS# Abuser DOB Sex Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship to Victimis SS# Abuser DOB Sex Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship to Victimis SS# Abuser DOB Sex Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship to Victimis SS# DOB Sex Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship to Victimis SS# DOB Sex Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis SS# DOB Sex Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# Ethnicity Trees (Residential) Place of Employment Home No. Work No. Relationship To Victimis Not Dobb SS# | SS# Abuser DOB SKK Ethi Sdress (Residential) Place of Employment Hume No. Work No. Relationship to SW Eth SS# Abuser DOB SKK Eth SKY AFFORMATION Place of Employment Hume No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Residential) Place of Employment Home No. Work No. Relationship to SW Eth Goddss (Resi | (AN(S) i as possible. If you suspect the Pa | | an to be the Alleged Abu | iser, put an ' | "X" in th | | | | | |
|--|--|--|----------------------------|--------------------------|-------------------------------|------------------------|------|---------------|-----|----------------------|--|
| Trees (Residential) Place of Employment Home No. Work No. Relationship to Victimia SSS Abuser OOB Sex Emolocity Finance (Residential) Place of Employment Home No. Work No. Relationship to Victimia SSS DOB Sex Ethnicity Company and the | EXAMINED BY A MEDICAL DOCTOR: [] Yes [] No EXAMINED BY SMEONE ADDITION OF THAT HAID MEDICAL DOCTOR: [] PERSON INSURED FACILITY AND DESCRIPTION OF THE PROPERTY OF SUPERFICIAL AND OF FOR DEEP. SEA Abuser DOD Sex Eliminary DOD | | | SS# | | | er | DOB | | Sex | Ethnicity |
| Place of Employment SSB Atuser BOB SSX Ethicity Place of Employment Home No. Work No. Relationship to Victimis SSB Atuser CANADA SSX Ethicity Place of Employment Home No. Work No. Relationship to Victimis SSB ODB SSX Ethicity Place of Employment Home No. Work No. Relationship to Victimis SSB DOB SSX Ethicity British ParentSpaceural RESSB DOB SSX Ethicity Place of Employment Home No. Work No. Relationship to Victimis SSB DOB SSX Ethicity Relationship To Victimis Relationship To Victimis SSB DOB SSX Ethicity Relationship To Victimis Relationship To Victimis SSB DOB SSX Ethicity Relationship To Victimis Relationship To Victimis Relationship To Victimis SSB DOB SSX Ethicity Relationship To Victimis Relat | LICENSE (Residential) Place of Employment Home No. Work No. Relationship to Vision Service (Residential) Place of Employment Home No. Work No. Relationship to Vision Service (Residential) (ALESCED ARUSES (S.) Abuser OOB Service Entropy to Vision No. Relationship to Vision No. Relationsh | AND MARKET CONTRACTORS AND | Place of | Employment | Home No |). | Work | No. | Re | lationshi | lp to Victim(s) |
| TANIBLE DE LA MEDICAL DOCTOR: [] Yes (] No PARISON SANDED BY SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARAMINED BY SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOMEONE OTHER THAM MEDICAL DOCTOR: [] FRINT NAME AND TITE] PARISON SANDE DE SOME DE | INDICATE SIZE & LOCATION OF WOUNDRACERATION WITH A FOR SUPERFICIAL AND OF FOR DEEP- SHAMINED BY A MEDICAL DOCTOR: () Yes () NO EXAMINED BY A MEDICAL DOCTOR: () Yes () NO EXAMINED BY A MEDICAL DOCTOR: () Yes () NO EXAMINED BY A MEDICAL DOCTOR: () Yes () NO EXAMINED BY A MEDICAL DOCTOR: () Yes () NO (FRINT NAME AND TITLE) | 1964年中華 森文 (1964年) 2017年 英雄人名西亚特拉克 (1967年) (1967年) | | SS# | : | Abus | er | DOB | 17 | Sex | Ethnicity |
| Interest (Residential) Place of Employment Home No. Work No. Relationship to Victing ALLEGET ABUSERIS) NO SEA DOOD SEX Ethnicity Grees (Residential) Place of Employment Home No. Work No. Relationship to Victing No. No. No. No. Relationship to Victing No. No. No. No. Relationship to Victing No. | A DUSSIT DOS SEX CITY OF CONTROL | | Place of | Employment | Home No | ò. | Work | No. | Re | lationshi | ip to Victim(s) |
| *** ALEGEP ABUSER(S) microst Premident and SS# DOB Sex Ethnical dress (Residential) ***Property Premident Abuser (SS# DOB Sex Ethnical) | ILEAL TEGED ABUSER(8) INTERPRETATION INTERPR | (E) (19 10 10 10 10 10 10 10 10 10 10 10 10 10 | - \$1207.00 to \$138 | SS# | | Abus | er | DOB | | Sex | Ethnicity |
| SSS DODS Sex Ethnicity dires (Residential) Place of Employment Home No. Work No. Relationating To Victims SSS DOB Sex Ethnicity dires (Residential) Place of Employment Home No. Work No. Relationating To Victims INDICATE SIZE & LOCATION OF WOUNDLACERATION 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: (1) Yes (1) No. (PRINT NAME) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (FRINT NAME AND TITLE) CEXAMINED BY A MEDICAL DOCTOR: (CEXAMINED AND TITLE) CEXAMINED BY A MEDICAL DOCTOR: | EXAMINED BY A MEDICAL DOCTOR: () Yes () No EXAMINED BY A MEDICAL DOCTOR: () Yes () No EXAMINED BY A MEDICAL DOCTOR: () Yes () No EXAMINED BY A MEDICAL DOCTOR: () Yes () No EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: EXAMINED BY A MEDICAL DO | | Place of | Employment | Home No | D. | Worl | k No. | Re | lationsh | ip to Victim(s) |
| TAMINICO BY A MEDICAL DOCTOR: () Yes () No Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) Examined by Someone Other than medical doctors: (PRINT NAME) (SIGNATURE) Examined by Someone Other than medical doctors: (PRINT NAME AND TITLE) (SIGNATURE) Examined by Someone Other than medical doctors: (PRINT NAME AND TITLE) (SIGNATURE) Examined by Someone Other than medical doctors: (PRINT NAME AND TITLE) (SIGNATURE) Examined by Someone Other than medical doctors: (PRINT NAME AND TITLE) (SIGNATURE) Examined by Someone Other than medical doctors: (PRINT NAME AND TITLE) (SIGNATURE) Examined by Someone Other than medical doctors: (PRINT NAME AND TITLE) (SIGNATURE) | EXAMINED BY A MEDICAL DOCTOR: {] Yes () No | (S) | | | | | *** | | | | * |
| IN BODY DRAWINGS: MINE BODY D | EXAMINED BY A MEDICAL DOCTOR: { } YES { } }] NO | | | SS# | a katan san salah takan san k | DOB | | | Sex | Access to the second | Control of the second s |
| INDICATE SIZE & LOCATION OF WOUNDLACERATION WITH "X" FOR SUPERFICIAL AND "O" FOR DEEP. SHADE FOR BRUISES AND BURNS. DESIDE EACH INJURY, INDICATE SIZE & LOCATION OF WOUNDLACERATION WITH "X" FOR SUPERFICIAL AND "O" FOR DEEP. SHADE FOR BRUISES AND BURNS. DESIDE EACH INJURY, INDICATE COLOR, SHAPE, PATTERN AND TEXTURE. **CAMINED BY A MEDICAL DOCTOR: { Yes { } } No | EXAMINED BY A MEDICAL DOCTOR: () Yes () No (PRINT NAME) (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: () Yes () No (PRINT NAME) (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: () Yes () No (PRINT NAME) (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: () Yes () No (PRINT NAME) (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: () Yes () No (PRINT NAME) (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: () Yes () No (PRINT NAME) (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: () Yes () No (PRINT NAME) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (PRINT NAME) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (PRINT NAME) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: (SIGNATURE) (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDI | · | | . 9 | Home N | 0. | Wor | k No. | Re | | |
| IN RODY DRAWINGS: ON WHERE DURES HE GESTED INDICATE SIZE & LOCATION OF WOUNDILACERATION 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) (PRINT NAME AND TITLE] (SIGNATURE) (SIGNATURE) (A) OTHER INFORMATION (Use additional streets if necessary) | EXAMINED BY A MEDICAL DOCTOR: () Yes () No | green of a 11 fem 200 in activities desired access agreements (19 only 50 or | े का इस्ति हराइडाव न्यांता | | | DOE | 3 | T | Sex | | |
| EXAMINED BY A MEDICAL DOCTOR: () Yes () No [PRINT NAME] (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: () Yes () No [PRINT NAME] (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] (SIGNATURE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] AND TITLE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] AND TITLE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] AND TITLE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] AND TITLE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] AND TITLE) EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: [PRINT NAME] AND TITLE) | EXAMINED BY A MEDICAL DOCTOR: { } Yes { } No | | Place of | f Employment | Home N | lo. | Wor | k No. | R | elations | nip To Victim(|
| SHADE FOR BRUISES AND BURNS. BESIDE EACH INJURY, INDICATE COLOR, SHAPE, PATTERN AND TEXTURE. (SIGNATURE) EXAMINED BY A MEDICAL DOCTOR: (1) Yes (1) No | EXAMINED BY A MEDICAL DOCTOR: () Yes () No | o: are located. | | | | | | | | | |
| EXAMINED BY A MEDICAL DOCTOR: { } Yes { } No | EXAMINED BY A MEDICAL DOCTOR: () Yes () NO | | | | | | | | | | |
| X. OTHER INFORMATION (Use additional sheets if necessary) | X. OTHER INFORMATION (Use additional sheets if necessary) | OTHER THAN MEDICAL DOCTOR: | | | O TITLE) | iw . | | | | | |
| (Use additional sheets if necessary) | (Use additional sheets if necessary) | s maner (Use additional sheets ii i | (lecessary) | | | | | | | | |
| (Use additional sheets if necessary) | (Use additional sheets if necessary) | | | | | | | | | | |
| (Use additional sheets if necessary) | (Use additional sheets if necessary) | | | | | | | | | | |
| (Use additional sheets if necessary) | (Use additional sheets if necessary) | ATION | | | | | | | | | |
| XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | necessary) | | | | *** | | Array (Array) | | | |
| XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | | | | | | | | | • | |
| XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | | | | | | | | | | |
| XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | | | | | | | | | | |
| XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person) | | | | | | | | | | |
| 1 | | REPORTING PERSON (if a | completed | d by Reporting Per | son) | er enderer Grantser | | | | | |