



# The Children's Advocacy Center

Lookout Mountain Judicial Circuit

106 W. Forrest Rd. • P.O. Box 5615 • Fort Oglethorpe, GA, 30742  
Telephone: (706) 866-8811 • Fax: (706) 866-9003

### Official Use Only

Today's Date: \_\_\_\_\_

Number: \_\_\_\_\_

Information Provided by: \_\_\_\_\_

Date Opened: \_\_\_\_\_

County: \_\_\_\_\_

Therapy Discussed: Y N

LE: \_\_\_\_\_

Therapy Referral: Y N

DFCS: \_\_\_\_\_

Medical Discussed: Y N

Time in: \_\_\_\_\_ Time Out: \_\_\_\_\_

Referred for Medical: Y N

After July 1, 2014: Y N

### Child Victim Information

Primary Child: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Learning Disabilities/Handicaps: \_\_\_\_\_

Interpreter Needed: Yes \_\_\_ No \_\_\_ If yes, what language? \_\_\_\_\_

Prior History: DFCS \_\_\_ Law Enforcement \_\_\_ Unknown \_\_\_ Drug Use: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

### Non-Offending Caregiver

Guardian: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Marital Status: S M D or Separated

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Prior History: DFCS \_\_\_ Law Enforcement \_\_\_ Unknown \_\_\_ Drug Use: Yes \_\_\_ No \_\_\_ Unknown \_\_\_



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Survivor of Physical or Sexual Abuse: Yes \_\_\_ No \_\_\_ Survivor of Domestic Abuse: Yes \_\_\_ No \_\_\_

### Non-Offending Caregiver

1. Is the victim's parent/legal guardian a veteran? Yes \_\_\_ No \_\_\_
2. Is the victim's parent/legal guardian disabled? Yes \_\_\_ No \_\_\_

### Case Situation

Date of Crime: \_\_\_\_\_ County of Victimization: \_\_\_\_\_

Incident which brought you to the CAC-LMJC:

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### Offender Information

Alleged Offender Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Prior History: DFCS \_\_\_ Law Enforcement \_\_\_ Unknown \_\_\_ Drug Use: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Survivor of Physical or Sexual Abuse: Yes \_\_\_ No \_\_\_ Survivor of Domestic Abuse: Yes \_\_\_ No \_\_\_



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### Consent to Videotape and Release Information

I hereby request and authorize agents or employees of the Children's Advocacy Center of the Lookout Mountain Judicial Circuit (CAC-LMJC) to interview and videotape

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(Name of Child)

I understand that videotaping of the interview and videotaping of subsequent sessions may occur. Further, I understand that information received from myself and / or the child named above may be released to the Catoosa, Chattooga, Dade, Gordon, or Walker County Department of Family and Children Services (DFCS), Law Enforcement officers investigating the incident, juvenile court personnel and representatives from the Lookout Mountain Circuit's District Attorney's Office.

I also understand that all information obtained in the investigation of this case will be discussed at a multidisciplinary team case review meeting by members of the investigative team, which include but are not limited to DFCS representatives, Law Enforcement, CAC-LMJC personnel and representatives from the District Attorney's Office. Discussion may include information obtained during videotaping.

I understand that no information will be released to other persons without my (or an authorized person) signing an additional consent to release information form.

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Child's Name and/or Signature

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Parent or Person Authorized to Consent

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Relationship

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Date

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Witness