



**Drug
Endangered
Children
Contact Sheet**

Case / Investigation #: _____

Date: Click here _____

Address Checked: _____

Professional's Name	Phone Number and Email		
LE Contact:		Report <input type="checkbox"/> Photos/Video <input type="checkbox"/> Statements <input type="checkbox"/> Physical Evidence <input type="checkbox"/> Supplemental Report <input type="checkbox"/>	Criminal Charges: 1: _____ 2: _____ 3: _____ 4: _____
Child Welfare Contact:		Report <input type="checkbox"/> Photos/Video <input type="checkbox"/> Statements <input type="checkbox"/> Physical Evidence <input type="checkbox"/> Other: _____	Intake Only <input type="checkbox"/> Open Case <input type="checkbox"/> Assigned for Investigation <input type="checkbox"/> Removal <input type="checkbox"/> Open Investigation <input type="checkbox"/> Safety Plan <input type="checkbox"/> Other: _____
Professional Contact:		Report <input type="checkbox"/> Photos/Video <input type="checkbox"/>	Statements <input type="checkbox"/> Physical Evidence <input type="checkbox"/> Other: _____

Child(ren)'s Name(s)	DOB:	Important Info	Current Residence Address
	Click here		
	Click here		
	Click here		
	Click here		
	Click here		

Parent(s):	DOB:	Contact Number:	Address:
	Click here		
	Click here		
	Click here		
	Click here		
Legal Guardian(s):	DOB:	Contact Number:	Address:
	Click here		
	Click here		
Significant Other(s):	DOB:	Contact Number:	Address:
	Click here		
	Click here		
Person Responsible for Child(ren)'s Care Currently:	DOB:	Contact Number:	Address:
	Click here		
	Click here		

